

AMENDMENT ATTACHED ARIZONA STATE BOARD OF HEALTH

1. PLACE OF BIRTH

BUREAU OF VITAL STATISTICS

State File No. \_\_\_\_\_

Registered No. \_\_\_\_\_

STANDARD CERTIFICATE OF BIRTH

County: Havasu State: ARIZONA  
Township: Snowflake or Village  
City: Snowflake No. Snowflake Maternity Hosp Ward  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child: Charles Floyd Shumway (If child is not yet named, make supplemental report, as directed)

3. Sex: male If plural births { 4. Twin, triplets, or other \_\_\_\_\_ 6. Premature \_\_\_\_\_ 7. Is mother married? \_\_\_\_\_  
8. Date of birth: Oct 27, 1939 (Month, day, year)

9. Full name: Charles Stanley Shumway FATHER

18. Full maiden name: Frances Ballard MOTHER

10. Residence (usual place of abode) (If non-resident, give place and State): Taylor

19. Residence (usual place of abode) (If non-resident, give place and State): Taylor

11. Color or race: W 12. Age at last birthday: 38 (Years)

20. Color or race: W 21. Age at last birthday: 33 (Years)

Birthplace (city or place): Taylor  
(State or Country): Arizona

22. Birthplace (city or place): Snowflake  
(State or Country): Arizona

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Teacher

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: House Wife

16. Date (month and year) last engaged in this work: \_\_\_\_\_, 19\_\_\_\_  
17. Total time (years) spent in this work: 4

25. Date (month and year) last engaged in this work: \_\_\_\_\_, 19\_\_\_\_  
26. Total time (years) spent in this work: 3

27. Number of children of this mother at time of this birth and including this child) (a) Born alive and now living: 9 (b) Born alive but now dead: \_\_\_\_\_ (c) Stillborn: \_\_\_\_\_

28. If stillborn, period of gestation: \_\_\_\_\_ (months or weeks) 29. Cause of stillbirth: \_\_\_\_\_  
{ Before labor \_\_\_\_\_  
During labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 1:11 P.m. on the date above stated (Born alive or stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) J. N. Haywood, M. D.

Given name added from supplemental report: 328-1027-624 (Date of)

or \_\_\_\_\_, Midwife  
Address: Snowflake

Filed Oct 30, 1939 Julius P. Freeman Registrar.

MARGIN RESERVED FOR BINDING USE OF PREPARATION IN

one for each, and tab number & etc.