

ARIZONA STATE BOARD OF HEALTH

1. PLACE OF BIRTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No.

Registered No. 112County PINAL State ARIZONATownship CASA GRANDE or Village

City No. St.

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child CLINTON MONROE GAULT, JR. { If child is not yet named, make supplemental report, as directed3. Sex MALE If plural births 4. Twin, triplets, or other..... 6. Premature..... 7. Is mother married? YES 8. Date of birth OCTOBER 17, 1939 (Month, day, year)9. Full name FATHER
CLINTON MONROE GAULT18. Full maiden name MOTHER
WILLENE UPTON10. Residence (usual place of abode) (If non-resident, give place and State) ELOY ARIZ.19. Residence (usual place of abode) (If non-resident, give place and State) ELOY ARIZ.11. Color or race WHITE 12. Age at last birthday 21 (Years)20. Color or race WHITE 21. Age at last birthday 19 (Years)13. Birthplace (city or place) SENTINEL
(State or Country) OKLAHOMA22. Birthplace (city or place) CLARKSVILLE
(State or Country) ARKANSASOCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. FARMEROCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. HOUSEWIFE15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. FARM.24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. HOME16. Date (mo. and yr.) last engaged in this work OCT 16, 1939 17. Total time (years) spent in this work 6 yrs.OCCUPATION 25. Date (mo. and yr.) last engaged in this work OCT 15, 1939 26. Total time (years) spent in this work 1 1/2 yrs.27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (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 9:15 PM 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) C. R. Newsome, M.D. M. D.

Given name added from a supplemental report.....

or Janne Gault, M.D. Midwife

(Date of)

Address San Geronimo Ave.Filed Nov 9, 1939 Registrar.

Registrar.

Registrar.

373-1017-645