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PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 17

Registered No. 17

County Gila State ARIZONA

Township Globe or Village

City Globe No. (If birth occurred in a hospital or institution, give its NAME instead of street and number)

Full name of child James P. Michaelson (If child is not yet named, make supplemental report, as directed)

Sex If plural births 4. Twin, triplets, or other 6. Premature 7. Is mother married? 8. Date of birth Aug 1 1917

Full name of father Paul Michaelson Full maiden name of mother Ida Oldfield

Residence (usual place of abode) of non-resident, give place and State Globe Ariz Globe

Color or race W 12. Age at last birthday 45 (Years) 20. Color or race W 21. Age at last birthday 33 (Years)

Birthplace (city or place) of father Greenland (State or Country) Louisiana

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

Industry or business in which work was done, as silk mill, sawmill, bank, etc. Date (month and year) last engaged in this work 17. Total time (years) spent in this work 25. Date (month and year) last engaged in this work 26. Total time (years) spent in this work

Number of children of this mother born of this birth and including this child (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

stillborn, period of gestation 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 Born alive at Globe Ariz on the date above stated. (Born alive or stillborn)

(Signed) A. D. Kennedy M. D. Address Globe Ariz

name added from supplemental report 145-801-964 (Date of) Filed Mar 14 1937 Registrar

B. G. B. R.