

one for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 133  
Registered No. 185

1. PLACE OF BIRTH

County \_\_\_\_\_ State \_\_\_\_\_  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City \_\_\_\_\_ No. Mill-rue Hill St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Russ Lee Trethewey { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY In event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 6. Legitimate? Yes 7. Date of birth Mich 3. 29  
Month Day Year

5. No., in order of birth \_\_\_\_\_

8. FATHER Full name James Warren Trethewey 14. MOTHER Full maiden name Louise Ruth Graham

9. Residence (Usual place of abode) Miami Fla 15. Residence (Usual place of abode) Miami Fla  
If non-resident, give place and state.

10. Color or race White 11. Age at last birthday 42 (Years) 16. Color or race White 17. Age at last birthday 38 (Years)

12. Birthplace (city or place) Marquette Mich (State or country) 18. Birthplace (city or place) Denver Colo (State or country)

13. Occupation Carpenter Nature of industry 19. Occupation H.W. Nature of industry

20. Number of children of this mother 9 (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 8 (b) Born alive but now dead 1 (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*  
I hereby certify that I attended the birth of this child, who was Born alive at 1 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. A stillborn child is one that neither breathes nor shows other evidence of life after birth.  
Signature Charles E. Jirry (Physician or midwife.)

Given name added from a supplemental report \_\_\_\_\_ Address \_\_\_\_\_  
Month, day, year \_\_\_\_\_ Filled Mich 12, 29 1929 Ch. E. Jirry Registrar

238-303-374