

PLACE OF BIRTH

1. County of Kila

District of _____

Town of Miami

or _____

City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 145County Registrar No. 528

Local Registrar No. _____

St. _____ Ward _____

2. Full name of child Sharlimae Clause (If birth occurred in a hospital or institution, give its NAME instead of street and number) Miami Sheralone Hospital

If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female } To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 5. No., in order of birth. 1st 6. Legitimate? Yes 7. Date of birth Nov. 15 1929 Month Day Year8. FATHER Full name Charles J Clause9. Residence (Usual place of abode) Wobe

If nonresident, give place and state _____

10. Color or race White 11. Age at last birthday 29 (Years)12. Birthplace (city or place) Franklin Arizona (State or country)13. Occupation Salesman Nature of industry Medicine & Co. Inc.20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 0 (b) Born alive but now dead. _____ (c) Stillborn _____14. MOTHER Full maiden name Mary Cardon15. Residence (Usual place of abode) Wobe If nonresident, give place and state _____16. Color or race White 17. Age at last birthday 24 (Years)18. Birthplace (city or place) Hublan Mexico (State or country) Mexico19. Occupation Housewife Nature of industry None21. 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 Female at 6:10 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 John P. Bacon M.D. (Physician or midwife)Address Miami - Arizona

ven name added from supplemental report _____

Month, day, year. _____

Filed Nov 25 1929 Local Registrar.

Filed _____ 19 _____ County Registrar.

Registrar. _____

235-1115-435