

Affidavit attached

27

1. PLACE OF BIRTH

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

State File No. _____
Registered No. 205

County Cochise State ARIZONA
Towaship _____ or Village _____
City Douglas No. Calumet Hospital St. 10th Street Ward _____
(If birth occurred in a hospital & institution, give its NAME instead of street and number)

2. Full name of child Alexander Sherwood Thompson (If child is not yet named, make supplemental report, as directed)

3. Sex Male If plural births _____
4. Twin, triplet, or other _____ 5. Number, in order of birth _____
6. Premature _____ 7. Is mother married Yes
8. Date of birth Aug. 7, 1935 19____
(Month, day, year)

9. Full name FATHER
Alex James Thompson

18. Full name MOTHER
Marjorie Williams

10. Residence (usual place of abode) Dos Cabezos, Ariz.
(If non-resident, give place and State)

19. Residence (usual place of abode) Dos Cabezos, Ariz.
(If non-resident, give place and State)

11. Color or race White 12. Age at last birthday 46 (Years)

20. Color or race White 21. Age at last birthday 32 (Years)

13. Birthplace (city or place) Laurel Bluff
(State or country) N. Carolina

22. Birthplace (city or place) Cripple Creek
(State or country) Colorado

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

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. Cattle

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

16. Date (month and year) last engaged in this work August, 1935

25. Date (month and year) last engaged in this work August, 1935

17. Total time (years) spent in this work 25 Yrs.

26. Total time (years) spent in this work 9 Yrs.

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0
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 Born alive at 4:25 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) P. R. [Signature] M.D.

Given name added from a supplemental report 135:807-462 (Date of)

Address Meguire Bldg. Douglas, Arizona Midwife

Filed Aug 7 1935 W. J. [Signature] Registrar.

in order of birth stated.