

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 690Registered No. 108

1. PLACE OF BIRTH

County Yavapai State ARIZONA
 Township _____ or Village _____
 City Clarkdale No. _____ St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child John William Moore { If child is not yet named, make supplemental report, as directed

3. Sex Male If plural births _____ 4. Twin, triplet, or other _____ 6. Premature _____ 7. Married? Yes 8. Date of birth June 27, 1935, 19____
 5. Number, in order of birth _____ Full term X (Month, day, year)

9. Full name FATHER
Lewis Beaman Moore

18. Full maiden name MOTHER
Louise Rickel

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

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

11. Color or race Wh. 12. Age at last birthday 35 (Years)

20. Color or race wh 21. Age at last birthday 35 (Years)

13. Birthplace (city or place) Turkey
 (State or country) North Carolina

22. Birthplace (city or place) Flagstaff
 (State or country) Ariz.

14. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. Concentrator Foreman

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

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Copper smelter

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

16. Date (month and year) last engaged in this work Now 19____

25. Date (month and year) last engaged in this work Now 19____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 4 (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 7:15 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) Robert K. Hilton M. D.

or Robert K. Hilton Midwife

Address Clarkdale, Ariz.

Filed July 11, 1935 Registrar [Signature]

Given name added from a supplemental report _____ (Date of) _____
145-627-393 Registrar