

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. _____

Registered No. 46

1. PLACE OF BIRTH

County MARICOPA State ARIZONA

Township _____ or Village _____

City Glendale No. Lat. 20 near Northern St. _____ Word _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child GERALD RAY COOPER { If child is not yet named, make supplemental report, as directed3. Sex M If plural births _____ 4. Twin, triplet, or other _____ 6. Premature _____ 7. Married? 8. Date of birth March 23, 1937
(Month, day, year) 5. Number, in order of birth _____ Full term 9. Full name of FATHER Benton Boyd Cooper18. Full maiden name of MOTHER Avie Doralee Goff10. Residence (usual place of abode) (If non-resident, give place and State) Glendale19. Residence (usual place of abode) (If non-resident, give place and State) Glendale11. Color or race W 12. Age at last birthday 35 (Years)20. Color or race W 21. Age at last birthday 36 (Years)13. Birthplace (city or place) Bryan County
(State or country) Okla22. Birthplace (city or place) Steigler
(State or country) Okla14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. at home15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. farm

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

16. Date (month and year) last engaged in this work at present, 19 25. Date (month and year) last engaged in this work _____, 19 27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 7 (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 alive at 10:30 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) Phillip E. Rice, M. D.

or _____, Midwife

Given name added from a supplemental report _____ (Date of) _____

Address Glendale, Ariz.Filed March 31, 1937 [Signature] Registrar.