

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

State File No. 478
 Registered No. 129

1. PLACE OF BIRTH

County Pima State Arizona
 District or Township _____ or Village _____
 City Tucson No. 1346 E. 1st St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Phyllis Blake 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 _____ 6. Legitimate? Yes
 5. No., in order of birth _____ 7. Date of birth Feb. 11, 1927
 Month Day Year

8. FATHER
 Full name Benjamin Blake
 9. Residence (Usual place of abode) Tucson, Ariz.
 If non-resident, give place and state.

14. MOTHER
 Full maiden name Laura Anderson
 15. Residence (Usual place of abode) Tucson, Ariz.
 If non-resident, give place and state.

10. Color or race White 11. Age at last birthday 36 (Years)

16. Color or race White 17. Age at last birthday 32 (Years)

12. Birthplace (city or place) Center Creek
 (State or country) Wasatch Co. Utah

18. Birthplace (city or place) Pima
 (State or country) Graham Co. Ariz.

13. Occupation
 Nature of industry Attorney at Law.

19. Occupation
 Nature of industry Housewife

20. Number of children of this mother one (Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living one
 (b) Born alive but now dead none
 (c) Stillborn none 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 _____ at 8 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 Dr. Ira E. Huffman
Tucson (Physician or midwife).

Given name added from a supplemental report _____ Address _____
 Month, day, year _____
 Registrar _____ Filed 2/28 1927 Dr. G. Schuabel Registrar

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