

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

State File No. 170  
 Registered No. 5

**1. PLACE OF BIRTH**

County Isila State Arizona  
 District or Township \_\_\_\_\_ or Village Pinal  
 City \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Lola Pearl Phelps { 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 1 6. Legitimate? Yes 7. Date of birth Aug. 20, 1927  
 5. No., in order of birth \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**FATHER**  
 1. Full name Ray Phelps  
 2. Residence (Usual place of abode) Pine Ariz  
 If non-resident, give place and state.  
 3. Color or race White  
 11. Age at last birthday 26 (Years)  
 12. Birthplace (city or place) Oklahoma  
 (State or country)  
 13. Occupation Truck driver  
 Nature of industry \_\_\_\_\_

**MOTHER**  
 14. Full maiden name Jessie Pearl Coombs  
 15. Residence (Usual place of abode) Pine, Ariz  
 If non-resident, give place and state.  
 16. Color or race White  
 17. Age at last birthday 18 (Years)  
 18. Birthplace (city or place) Arizona  
 (State or country)  
 19. Occupation Housewife  
 Nature of industry \_\_\_\_\_

20. Number of children of this mother 1 (a) Born alive and now living 1  
 Taken as of time of birth of child herein certified and including this child. (b) Born alive but now dead \_\_\_\_\_  
 (c) Stillborn \_\_\_\_\_ 21. Were precautions taken against ophthalmia neonatorum? \_\_\_\_\_

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***  
 I hereby certify that I attended the birth of this child, who was born alive at 11:30 P. M. on the date above stated  
(Born alive or stillborn.)  
 Signature [Signature]  
 Address Payson Ariz  
 (Physician or midwife)  
 Given name added from supplemental report \_\_\_\_\_  
 Month, day, year \_\_\_\_\_  
Frank L. Randall  
 Registrar  
 Filed Sept 7, 1927 Frank L. Randall  
 Registrar

372 - 820 - 132