

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

State File No. 343  
 Registered No. 1439

LACE OF BIRTH

County Maricopa State Arizona

District or Township \_\_\_\_\_ or Village \_\_\_\_\_

City Phoenix No. Arizona Deaconess Hospital Ward \_\_\_\_\_  
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child John David Nelson (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child <u>Male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	6. Legitimate? <u>Yes</u>	7. Date of birth <u>Nov. 21-1927</u> Month Day Year
5. No., in order of birth _____				

8. FATHER  
 Full name John Hugh Nelson

14. MOTHER  
 Full maiden name Vivian Francis Hunt

9. Residence Crown King  
 (Usual place of abode)  
 If non-resident, give place and state. Arizona

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 (Usual place of abode)  
 If non-resident, give place and state. Arizona

10. Color or race White

16. Color or race White

11. Age at last birthday 31 (Years)

17. Age at last birthday 23 (Years)

12. Birthplace (city or place) Prescott  
 (State or country) Arizona

18. Birthplace (city or state) Knoxville  
 (State or country) Tenn.

13. Occupation Mining  
 Nature of industry

19. Occupation W.W.  
 Nature of industry

20. Number of children of this mother \_\_\_\_\_  
 (Taken as of time of birth of child herein certified and including this child).  
 (a) Born alive and now living \_\_\_\_\_  
 (b) Born alive but now dead \_\_\_\_\_  
 (c) Stillborn \_\_\_\_\_

21. Were precautions taken against ophthalmia neonatorum?  
Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \* 740  
 I hereby certify that I attended the birth of this child, who was born alive at \_\_\_\_\_ 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 F. B. Clark, M.D.  
 (Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_  
 Month, day, year \_\_\_\_\_  
 Address \_\_\_\_\_  
 Registrar [Signature]  
 Filed 12-3, 1927

155-1121-583

B.—In case of more than one child, each, a