

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 310

Registered No. 141

1. PLACE OF BIRTH

County Maricopa State Arizona  
District or Township Good Samaritan Hospital Village \_\_\_\_\_  
City Phoenix No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

2. Full name of child

Dick Wayne Hartzell } (If birth occurred in a hospital or institution, give its NAME instead of street and number)  
} If child is not yet named, make supplemental report, as directed.

3. Sex of Child } To be answered ONLY in event of plural births. } 4. Twin, triplet or other. \_\_\_\_\_ } 6. Legitimate? } 7. Date of birth 2-5-30  
male } } } yes } } } Month. Day Year

8. FATHER  
Full name Wayne V. Hartzell

14. MOTHER  
Full maiden name Elizabeth Covault

9. Residence (Usual place of abode) 2380 N. 14th Street  
If non-resident, give place and state. Phoenix, Ariz.

15. Residence (Usual place of abode) \_\_\_\_\_  
If non-resident, give place and state. Same

10. Color or race white  
11. Age at last birthday 33 (Years)

16. Color or race white  
17. Age at last birthday 34 (Years)

12. Birthplace (city or place) \_\_\_\_\_  
(State or country) Iowa

18. Birthplace (city or place) \_\_\_\_\_  
(State or country) Iowa

13. Occupation work for water users  
Nature of Industry \_\_\_\_\_

19. Occupation Housework  
Nature of Industry \_\_\_\_\_

20. Number of children of this mother 3 } (a) Born alive and now living 3  
(Taken as of time of birth of child herein } (b) Born alive but now dead. \_\_\_\_\_  
certified and including this child.) } (c) Stillborn \_\_\_\_\_

21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \* 7-45  
I hereby certify that I attended the birth of this child, who was alive at 7:25 a.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 [Signature]  
(Physician or midwife)

Name added from a supplement report \_\_\_\_\_ Address Phoenix, Ariz.  
Month, day, year \_\_\_\_\_  
Registrar. [Signature] Filed Feb 14 1930 Registrar. J. W. Bodman

483-205-533

and number of each in order of birth stated