

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 313
Registered No. 1544

1. PLACE OF BIRTH

County Maricopa State Arizona
District or Township _____ or Village _____
City Phoenix No. St. Joseph's Hospital Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Karen Olea
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Male To be answered ONLY in event of plural births.
4. Twin, triplet or other _____
5. No., in order of birth _____
6. Legitimate? Yes
7. Date of birth Nov 1 30
Month Day Year

8. FATHER
Full name Ysidro Olea
9. Residence (Usual place of abode) 1910 W. Jefferson
If non-resident, give place and state _____
10. Color or race White
11. Age at last birthday 48 (Years)
12. Birthplace (city or place) Signal
(State or country) Arizona
13. Occupation Stock Raising
Nature of industry _____

14. MOTHER
Full maiden name Jane Halleck
15. Residence (Usual place of abode) 1910 W. Jefferson
If non-resident, give place and state _____
16. Color or race White
17. Age at last birthday 38 (Years)
18. Birthplace (city or state) San Francisco
(State or country) California
19. Occupation Housewife
Nature of industry _____

20. Number of children of this mother 9
(Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 9
(b) Born alive but now dead _____
(c) Stillborn _____
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 Alive at 2:40 m. on the date above stated.
(Born alive or stillborn)

Signature Ysidro Olea
(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.)
Given name added from a supplemental report _____
Address _____
Month, day, year _____
(Physician or midwife.)

Registrar J. W. Bodman
Filed 3/11 1930
Registrar

261-301-982