

ARIZONA STATE BOARD OF HEALTH

State File No. 489
Registered No. 1906

1. PLACE OF BIRTH

**BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH**

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

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

3. Sex Male 4. Twin, triplet, or other _____ 5. Number, in order of birth _____
6. Premature _____ Full term _____ 7. Legitimate _____ 8. Date of birth Apr. 22, 1930
(Month, day, year)

9. Full name William Wittkamp - FATHER 18. Full maiden name Mary Alta Udell - MOTHER

10. Residence (usual place of abode) 1013 E. Buile 19. Residence (usual place of abode) _____
(If nonresident, give place and State) (If nonresident, give place and State)

11. Color of hair White 12. Age at last birthday 29 (Years) 20. Color of eyes White 21. Age at last birthday 27 (Years)

13. Birthplace (city or place) Phoenix, Arizona 22. Birthplace (city or place) Phoenix
(State or country) (State or country)

<p>OCCUPATION</p> <p>14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Lumber</u></p> <p>15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Service</u></p> <p>16. Date (month and year) last engaged in this work _____, 19____</p>	<p>OCCUPATION</p> <p>23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____</p> <p>24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Housewife</u></p> <p>25. Date (month and year) last engaged in this work _____, 19____</p> <p>26. Total time (years) spent in this work _____</p>
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27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation _____ { months _____ or weeks _____ } 29. Cause of stillbirth _____
Before labor _____
During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Albert at 1130 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. }

(Signed) H. S. Kemp, M.D. M. D.
or _____ Midwife

Given name added from a supplemental report _____ (Date of) _____
962-422-4113
Registrar. Filed April 30, 1930 Registrar.

in order of birth date