

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 494
Registered No. 1891

1. PLACE OF BIRTH

County Maricopa State Arizona

District or Township _____ or Village _____

City Phoenix No. Good Samaritan Hospital Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Donna Nelson { 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
<u>female</u>			<u>yes</u>	<u>April 23, 1930</u> Month Day Year

8. FATHER
Full name David Saunders Nelson

9. Residence (Usual place of abode) 1629 E. Brill
If non-resident, give place and state.

10. Color or race white

11. Age at last birthday 36 (Years)

12. Birthplace (city or place) Dublin
(State or country) Delaware, Mexico

13. Occupation salesman for
Nature of Industry Kohler Co.

14. MOTHER
Full maiden name Martha Elizabeth Fuller

15. Residence (Usual place of abode) 1629 E. Brill
If non-resident, give place and state.

16. Color or race white

17. Age at last birthday 24 (Years)

18. Birthplace (city or state) Eden
(State or country) Arizona

19. Occupation _____
Nature of Industry house wife

20. Number of children of this mother. _____ } (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 0
_____ } (c) Stillborn 0

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 born alive at 3:40 P. m. on the date above stated.
(Born alive or stillborn)

Signature L. J. Taylor M.D.
(Physician or midwife.)

Given name added from a supplemental report _____
Month, day, year 4-5-30-469
Registrar. _____
Address _____
Filed April 30, 1930 Registrar. J. W. Woodman

in order of...