

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 216  
Registered No. 426

1. PLACE OF BIRTH

County Guan State \_\_\_\_\_

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

City Phoenix No. 1045 Central Ave Ward \_\_\_\_\_  
(If birth occurred in hospital or institution, give its NAME instead of street and number)

2. Full name of child Lila Mae Brown } 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. \_\_\_\_\_ 5. No., in order of birth. \_\_\_\_\_  
6. Legitimate? \_\_\_\_\_ 7. Date of birth Jun 28 1930  
Month Day Year

8. FATHER Full name Nolan Brown

14. MOTHER Full maiden name Mollie Stephenson

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

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

10. Color or race White

11. Age at last birthday 25 (Years)

16. Color or race White

17. Age at last birthday 23 (Years)

12. Birthplace (city or place) (State or country) Washington DC

18. Birthplace (city or place) (State or country) Texas

13. Occupation Nature of Industry \_\_\_\_\_

19. Occupation Nature of Industry Housewife

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

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at 10A m. on the date above stated.

\*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 Mollie Stephenson  
(Physician or midwife.)

Given name added from a supplemental report. \_\_\_\_\_ Address \_\_\_\_\_  
Month, day, year

Registrar. \_\_\_\_\_ Filed July 17 1930 C. E. Brown Registrar.

225-628-625