

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 4552a
Registered No. 3060

1. PLACE OF BIRTH

County Maricopa State Arizona
District or Township _____ or Village _____
City Phoenix No. 415 E. Palk (Rear) St. _____ Ward _____
(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.

2. Full name of child Edward Rosser

3. Sex of Child <u>male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other.....	6. Legitimate? <u>yes</u>	7. Date of birth <u>June 23 1930</u> Month Day Year
		5. No., in order of birth.....		

8. FATHER
Full name William B. Rosser

14. MOTHER
Full maiden name Cora Brewer

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

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If non-resident, give place and state.

10. Color or race white

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11. Age at last birthday 30 (Years)

17. Age at last birthday 26 (Years)

12. Birthplace (city or place) (State or country) Pennsylvania

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

13. Occupation auto mechanic
Nature of Industry

19. Occupation Housewife
Nature of Industry

20. Number of children of this mother..... 1
(Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 1
(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 1:15 a.m. on the date above stated.
(Born alive or stillborn)

Signature [Signature]
*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.
(Physician or midwife.)

Given name added from a supplemental report _____
Month, day, year _____
Address 16 E. Monroe
Registrar [Signature]
Filed _____, 19 _____
Registrar

599-623-323