

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Maricopa
 District of _____
 Town of Lakeside
 or _____
 City of _____

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 577
 County Registrar No. _____
 Local Registrar No. _____

No. _____ (If birth occurred in a hospital or institution, give its NAME instead of street and number)
 St. _____ Ward _____
 2. Full name of child Joseph Leland Gardner (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 June 29, 1930
 Month Day Year

8. FATHER
 Full name Joseph I. Gardner
 9. Residence (Usual place of abode) Lakeside, Ariz.
 If non-resident, give place and state.

14. MOTHER
 Full maiden name J. Sapphire Penrod
 15. Residence (Usual place of abode) Lakeside, Arizona.
 If non-resident, give place and state.

10. Color or race White
 11. Age at last birthday 28 (Years)

16. Color or race White
 17. Age at last birthday 24 (Years)

12. Birthplace (city or place) Woodruff
 (State or country) Arizona

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

13. Occupation
 Nature of industry Electrician & Engineer

19. Occupation
 Nature of industry Housewife

20. Number of children of this mother 2
 (Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living 2
 (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 Born alive at 5:15 P. 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. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Saetta E. Hansen (Physician or midwife).
 Address Lakeside, Arizona.

Given name added from a supplemental report
 Month, day, year

Filed July 9, 1930 John R. Fisher
 Local Registrar.

Registrar

Filed _____, 19____

County Registrar.

179-629-974