

THESE DATA SHOULD BE MADE UP BY THE BIRTH, MARRIAGE, DIVORCE AND DEATH REGISTRY OFFICE IN ORDER OF BIRTH STATED.

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. \_\_\_\_\_

Registered No. \_\_\_\_\_

**1. PLACE OF BIRTH**

County Pinal Gila State \_\_\_\_\_  
 Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Winkelman St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

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**2. Full name of child** Josephine Jennings { If child is not yet named, make supplemental report, as directed

3. Sex <u>Female</u>	4. Twin, triplet, or other _____	5. Number, in order of birth _____	6. Premature _____ Full term _____	7. Legitimate? <u>Yes</u>	8. Date of birth <u>Sept 5, 1930</u> <small>(Month, day, year)</small>
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**9. Full name of FATHER**  
Wescome Jennings

**10. Residence (usual place of abode)**  
Winkelman  
(If nonresident, give place and State)

**11. Color of race** White **12. Age at last birthday** 31 (Years)

**13. Birthplace (city or place)**  
Michigan  
(State or country)

**18. Full name of MOTHER**  
Wendy Reich

**19. Residence (usual place of abode)**  
Winkelman  
(If nonresident, give place and State)

**20. Color of race** White **21. Age at last birthday** 25 (Years)

**22. Birthplace (city or place)**  
Arizona  
(State or country)

**14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.**  
Dairyman

**15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.**

**16. Date (month and year) last engaged in this work**  
Sept 5, 1930

**23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.**  
House wife

**24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.**

**25. Date (month and year) last engaged in this work**  
Sept 5, 1930

**17. Total time (years) spent in this work** 5 years **26. Total time (years) spent in this work** 4

**27. Number of children of this mother (At time of this birth and including this child)** (a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn \_\_\_\_\_

**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 \_\_\_\_\_ at 5:45 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.

(Signed) Charles H. Hutton, M. D.

Given name added from a supplemental report \_\_\_\_\_ (Date of) \_\_\_\_\_

or \_\_\_\_\_, Midwife

Address \_\_\_\_\_  
 Filed Nov 8, 1930 P. Hutton  
 Registrar.

Registrar.

112-905-466