

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 175
Registered No. 87

1. PLACE OF BIRTH

County Pima State Arizona
Township _____ or Village _____
City Hayden No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child

Paul Anared Nyholm { If child is not yet named, make supplemental report, as directed

3. Male { If plural births } 4. Twin, triplet, or other. _____ 6. Premature _____ 7. Legitimate? Yes 8. Date of birth Sept 23, 1930
(Month, day, year)

9. Full name of FATHER
Arnie Anared Nyholm
10. Residence (usual place of abode) Hayden
(If nonresident, give place and State)
11. Color White 12. Age at last birthday 21 (Years)
13. Birthplace (city or place) McNeil
(State or country) Ariz

18. Full maiden name of MOTHER
Marion Kelley
19. Residence (usual place of abode) Hayden
(If nonresident, give place and State)
20. Color White 21. Age at last birthday 18 (Years)
22. Birthplace (city or place) Hayden, Pinal
(State or country) Ariz

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Copper
16. Date (month and year) last engaged in this work _____, 19____ 17. Total time (years) spent in this work _____

OCCUPATION
23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Housewife
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 _____, 19____ 26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation _____ { months or weeks } 29. Cause of stillbirth _____ { Before labor or During labor }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at 5:00 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. }
Given name added from a supplemental report: 344-923-428
(Date of) _____

(Signed) Charles H. Smith M. D.
or _____ Midwife
Address Hayden Ariz
Filed Sept 27, 1930 M. B. Deak Registrar.

THIS CERTIFICATE MUST BE FILED IN ORDER OF BIRTH STATE.