

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 172
 Registered No. 1

1. PLACE OF BIRTH
 County Pima State Arizona
 District or Township _____ or Village _____
 City Marland City No. Gerbe RR #1 St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Betty Walters
(If child is not yet named, make supplemental report, as directed)

3. Sex of Child Female 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 Dec 21 1930
 Month Day Year

8. FATHER
 Full name Jack Walters

14. MOTHER
 Full name Richard Clark

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

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

10. Color or race White

11. Age at last birthday 43 (Years)

16. Color or race White

17. Age at last birthday 3 1/2 (Years)

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

18. Birthplace (city or state) Kansas
(State or country)

13. Occupation
 Nature of industry Unemployed

19. Occupation
 Nature of industry Housewife

20. Number of children of this mother 5
(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 infection in neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was born alive 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 Nelson D. Grayson
Miami, Ariz.
(Physician or midwife.)

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

Filed 2/9 1931 J. E. Crighton
 Registrar. Registrar.

062-1221 432