

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 740  
Registered No. 387

**1. PLACE OF BIRTH**

County Yavapai State \_\_\_\_\_  
District or Township Beede or Village \_\_\_\_\_  
City Chesdale No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Evelyn Marie Hempel } If child is not yet named, make supplemental report, as directed.

3. Sex of Child <u>Female</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>12-2-30</u> Month Day Year
		5. No., in order of birth.		

**8. FATHER**  
Full name Jacob Hempel  
9. Residence (Usual place of abode) Chesdale  
If non-resident, give place and state.  
10. Color or race White  
11. Age at last birthday 29 (Years)  
12. Birthplace (city or place) Nebraska  
(State or country)  
13. Occupation Electrician  
Nature of Industry

**14. MOTHER**  
Full maiden name Marie Catherine Kumbach  
15. Residence (Usual place of abode) Chesdale  
If non-resident, give place and state.  
16. Color or race White  
17. Age at last birthday 21 (Years)  
18. Birthplace (city or place) Henry Creek, Texas  
(State or country)  
19. Occupation Housewife  
Nature of Industry

20. Number of children of this mother one  
(Taken as of time of birth of child herein certified and including this child.)  
(a) Born alive and now living one  
(b) Born alive but now dead none  
(c) Stillborn none  
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 alive at 12:21 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 [Signature]  
(Physician or midwife.)

Given name added from a supplemental report \_\_\_\_\_  
Address Chesdale Ariz  
Month, day, year \_\_\_\_\_  
Filed JAN 5 1931  
Registrar [Signature]

373-1202-469