

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 157  
Registered No. 8

**1. PLACE OF BIRTH**

County Sila State Arizona  
Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Hayden No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If born in a hospital or institution, give its NAME instead of street and number)

**2. Full name of child** Kenneth Joe Acton (If child is not yet named, make supplemental report, as directed)

3. Sex Male 4. Twin, triplet, or other \_\_\_\_\_ 6. Premature \_\_\_\_\_ 7. Legitimate \_\_\_\_\_ 8. Date of birth Jan 14, 1931  
If plural births \_\_\_\_\_ 5. Number, in order of birth \_\_\_\_\_ Full term \_\_\_\_\_ male \_\_\_\_\_ (Month, day, year)

9. Full name of FATHER Joseph Acton  
10. Residence (usual place of abode) Deceased  
(If nonresident, give place and State)  
11. Color or race White  
12. Age at last birthday 30 (Years)  
13. Birthplace (city or place) Yuma  
(State or country) Ariz  
14. Trade, profession, or particular kind of work done, as \_\_\_\_\_  
sawyer, bookkeeper, etc. General Repair  
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Copper mill  
16. Date (month and year) last engaged in this work \_\_\_\_\_

18. Full name of MOTHER Mrs. Pearl Nagdale  
19. Residence (usual place of abode) Hayden  
(If nonresident, give place and State)  
20. Color or race White  
21. Age at last birthday 27 (Years)  
22. Birthplace (city or place) Denning  
(State or country) N.M.  
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Home Work  
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 \_\_\_\_\_ 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 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 2:30 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 B. Shusterman, M. D.  
or \_\_\_\_\_ Midwife

Given name added from a supplemental report \_\_\_\_\_ (Date of) \_\_\_\_\_  
215-114-495  
Registrar.

Address Hayden, Ariz.  
Filed Jan 17, 1931 Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.