

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 456
Registered No. 143

1. PLACE OF BIRTH

County Maricopa State Arizona
Township _____ or Village _____
City Phoenix No. Good Samaritan Hospital Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child. Kay Allen Harless { If child is not yet named, make supplemental report, as directed

3. Sex <u>Male</u>	If plural births	4. Twin, triplet, or other.....	6. Premature.....	7. Legiti.....	8. Date of birth <u>Jan 20, 1931</u> (Month, day, year)
		5. Number, in order of birth.....	Full term <u>yes</u> mate? <u>yes</u>		

9. Full name FATHER
William Henry Harless

18. Full maiden name MOTHER
Thora Allen

10. Residence (usual place of abode) (If nonresident, give place and State) 266 E. 2nd Ave Mesa

19. Residence (usual place of abode) (If nonresident, give place and State) 266 E. 2nd Ave Mesa

11. Color or race wh 12. Age at last birthday 28 (Years)

20. Color or race wh 21. Age at last birthday 25 (Years)

13. Birthplace (city or place) (State or country) Hudson Texas

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

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

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

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

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

16. Date (month and year) last engaged in this work present, 19__

17. Total time (years) spent in this work 2 yrs

25. Date (month and year) last engaged in this work present, 19__

26. Total time (years) spent in this work 2 1/2

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 0 (c) Stillborn 0

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 born alive at 5:30 p.m. on the date above stated (Born live or stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return. }

(Signed) [Signature], M.D.

or _____, Midwife

Given name added from a supplemental report..... (Date of) _____

Address Phoenix

Filed 1.3.31 1931 [Signature] Registrar.

Registrar.

N. 3—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.

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