AMENDMENT ATTACHED 3-21-1967, pmw

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 236

Registered No. 260

1. PLACE OF BIRTH

County Maricopa State Arizona

Township ..... or Village .....

City Phoenix Apache + 18 St. St. ..... Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Joyce Arlene Marenda { If child is not yet named, make supplemental report, as directed

3. Sex F | If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth 3-2-1931 (Month, day, year)

FATHER

9. Full name Clement Marenda

10. Residence (usual place of abode) (If nonresident, give place and State) .....

11. Color or race W | 12. Age at last birthday 41 (Years)

13. Birthplace (city or place) ..... (State or country) S.D.

OCCUPATION

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

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

16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Laura Leona Johnson

19. Residence (usual place of abode) (If nonresident, give place and State) .....

20. Color or race W | 21. Age at last birthday 23 (Years)

22. Birthplace (city or place) ..... (State or country) S.D.

OCCUPATION

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

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 2 (b) Born alive but now dead 4 (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 alive (Born alive or stillborn) at 1:30 p.m. on the date above stated

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

(Signed) [signature], M.D.

or ....., Midwife

Address 21 Goodrich Bldg

Given name added from a supplemental report 141-402 315 (Date of)

Filed ....., 19.... [signature] Registrar.

..... Registrar.

In order of birth stated.