ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

295

State File No.

Registered No. 874

1. PLACE OF BIRTH

County Maricopa State Arizona

Township or Village

City Mesa No. Vine St. St. Ward

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

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

3. Sex Female | If plural births: 4. Twin, triplet, or other; 5. Number, in order of birth | 6. Premature; Full term ✓ | 7. Legitimate? Yes | 8. Date of birth May 16, 1931 (Month, day, year)

FATHER

9. Full name Rozeal Preston Dees

10. Residence (usual place of abode) (If non-resident, give place and State) Mesa

11. Color or race W | 12. Age at last birthday 40 (Years)

13. Birthplace (city or place) Mississippi (State or country)

OCCUPATION

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

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

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

MOTHER

18. Full maiden name Zina Adele Harper

19. Residence (usual place of abode) (If non-resident, give place and State) Mesa

20. Color or race W | 21. Age at last birthday 33 (Years)

22. Birthplace (city or place) PIMA, Arizona (State or country)

OCCUPATION

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

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 4 (b) Born alive but now dead 1 (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 (Born alive or stillborn) at 11:20 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) Benj Herzberg, M. D.

or ....., Midwife

Address

Filed 6-3, 1931 R. B. Romey Registrar.

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

..... Registrar.

542-516-989