ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 278

Registered No. 321

1. PLACE OF BIRTH

County: Maricopa State:

District or Township: Chandler, Arizona or Village:

City: No. St., Ward

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

2. Full name of child: Monte Hugh Ellsworth (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child: Male

To be answered ONLY in event of plural births.

4. Twin, triplet or other:

5. No., in order of birth:

6. Legitimate? Yes

7. Date of birth: 6-13-31 (Month Day Year)

FATHER

8. Full name: Hough A. Ellsworth

9. Residence (Usual place of abode): Mesa, Arizona

If non-resident, give place and state.

10. Color or race: White

11. Age at last birthday: 29 (Years)

12. Birthplace (city or place): Showlow

(State or country): Arizona

13. Occupation

Nature of Industry: Laborer

MOTHER

14. Full maiden name: Pearl Menhennett

15. Residence (Usual place of abode): Mesa, Ariz.

If non-resident, give place and state.

16. Color or race: White

17. Age at last birthday: 19 (Years)

18. Birthplace (city or state): Watsonville

(State or country): Calif.

19. Occupation

Nature of industry: Housewife

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living: 1

(b) Born alive but now dead:

(c) Stillborn:

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 (Born alive or stillborn) at 6:15 a.m. on the date above stated.

*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: Jas. M. Meason (Physician or midwife.)

Address: Chandler, Ariana

Given name added from a supplemental report: Month, day, year

485-613-743

Registrar.

Filed 7-10 19 31 Jas. M. Meason Registrar.