ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. [illegible]
Registered No. 1024

1. PLACE OF BIRTH

County: Maricopa State: Arizona
Township: or Village:
City: Phoenix No. 409 N. Madrona St. Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child: Joanne Louise McFate (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: 6-14-31, 19 (Month, day, year)

FATHER	MOTHER
9. Full name: Joseph W. McFate	18. Full maiden name: Ethel Inman
10. Residence (usual place of abode) (If nonresident, give place and State):	19. Residence (usual place of abode) (If nonresident, give place and State):
11. Color or race: W 12. Age at last birthday: 31 (Years)	20. Color or race: W 21. Age at last birthday: 30 (Years)
13. Birthplace (city or place) (State or country): Arizona	22. Birthplace (city or place) (State or country):
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Fireman	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: H. W
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.:	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.:
16. Date (month and year) last engaged in this work, 19 17. Total time (years) spent in this work	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: 3 (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 (Born alive or stillborn) at 6:30 P. M. the date above stated

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

Given name added from a supplemental report 145-614-595 (Date of)

Registrar.

(Signed) A. A. Shelley, M. D.
or Midwife
Address 606 Heard Bldg. Phx., Ariz.
Filed 6-22, 1931 [illegible] Registrar.

N. B.—In case of more than one child, in order of birth.