Affidavit attached

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 259

Registered No. 1182

1. PLACE OF BIRTH

County Maricopa State Arizona

Township or Village

City Phoenix No. 2315 N 08th St. St. Ward

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

2. Full name of child Thelma Jean Flemming 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 yes | 7. Legitimate? yes | 8. Date of birth 7-9, 1931 (Month, day, year)

FATHER

9. Full name Jessie E. Fleming

10. Residence (usual place of abode) (If non-resident, give place and State) 2315 N 08th St

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

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

OCCUPATION

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

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 Fern Price

19. Residence (usual place of abode) (If non-resident, give place and State) 2315 N 08th St

20. Color or race White 21. Age at last birthday 37 (Years)

22. Birthplace (city or place) Utah (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) 3 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 alive (Born alive or stillborn) at 12 05 a.m. on 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 167-710-675 (Date of)

Registrar.

(Signed) Dr H. O. Tucker, M. D.

or Midwife

Address 402 Lincoln Bldg

Filed 7-22, 1931 R B Raney Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT ... —In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of ... in order of birth stated.