ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 595

Registered No.

1. PLACE OF BIRTH

County Pinal State Ariz

Township Maricopa 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 Azel Jack Mortensen (If child is not yet named, make supplemental report, as directed)

3. Sex Male | If plural births: 4. Twin, triplet, or other No; 5. Number, in order of birth | 6. Premature; Full term | 7. Legitimate? Yes | 8. Date of birth Aug 10, 1931 (Month, day, year)

FATHER

9. Full name Azel Lorenzo Mortesen

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

11. Color or race White 12. Age at last birthday 31 (Years)

13. Birthplace (city or place) East Dole (State or country) Colo.

OCCUPATION

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

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

16. Date (month and year) last engaged in this work, 19

17. Total time (years) spent in this work 9 yrs

MOTHER

18. Full maiden name Ruth Bush

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

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

22. Birthplace (city or place) Tyler (State or country) Texas

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 2 (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 at 12 05 A.m. on the date above stated (Born alive or stillborn)

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

(Signed) H B Lehmberg M.D., M.D.

or Midwife

Address Casa Grande Ariz

Given name added from a supplemental report (Date of)

145-810-928

Registrar.

Filed Sept 12, 1931 W Bess Prather Registrar.

in order of birth stated.