ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 321
Registered No. 1768

1. PLACE OF BIRTH

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

2. Full name of child Lucy Uhl (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 Oct. 24, 1931 (Month, day, year)

9. Full name FATHER Aloysius Uhl
10. Residence (usual place of abode) (If nonresident, give place and State) 29 E. 6th St. Tempe
11. Color or race W | 12. Age at last birthday 30 (Years)
13. Birthplace (city or place) ..... (State or country) Ohio
14. Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Clerk
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work .....

18. Full maiden name MOTHER Winona Moss
19. Residence (usual place of abode) (If nonresident, give place and State) Same
20. Color or race W | 21. Age at last birthday 27 (Years)
22. Birthplace (city or place) ..... (State or country) Missouri

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. .....
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housewife
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 alive (Born alive or stillborn) at 6 12 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) K. Nysart, M. D.
or ....., Midwife
Address .....

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

343-1021-6412
Registrar.

Filed 10-30, 1931 R.B. Rowley
Registrar.