

ARIZONA STATE BOARD OF HEALTH

State File No. 292  
Registered No. 675

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

1. PLACE OF BIRTH

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

2. Full name of child White, Jack Lawrence (If child is not yet named, make supplemental report, as directed)

3. Sex M If plural births { 4. Twin, triplet or other ..... 6. Premature ..... 7. Legiti- mate? yes  
8. Date of birth 4-18, 1932  
(Month, day, year)

9. Full name FATHER White, Robert 18. Full maiden name MOTHER Wochen, Jean

10. Residence (usual place of abode) (If nonresident, give place and State) 1015 E Palm Lane 19. Residence (usual place of abode) (If nonresident, give place and State) 1015 E Palm Lane

11. Color or race White 20. Color or race White 21. Age at last birthday 38 (Years) 22. Age at last birthday 29 (Years)

13. Birthplace (city or place) Sedalia 22. Birthplace (city or place) Chicago  
(State or country) Missouri (State or country) Ill.

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manager 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. River Side Park 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

16. Date (month and year) last engaged in this work Present, 1932 17. Total time (years) spent in this work 10 yrs 25. Date (month and year) last engaged in this work Present, 1932 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 at 11 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) J. B. Shoup M. D.

Given name added from a supplemental report (Date of)

or J. Green Midwife

Address Phoenix Piled 25, 1932 Registrar

Registrar

165-418-164

In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number in order of birth stated.

OCCUPATION

OCCUPATION