ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 33

Registered No. 93

1. PLACE OF BIRTH

County Gila State Arizona

District or Township ..... or Village .....

City Central Heights No. ..... St. ..... Ward

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

2. Full name of child Dawn Ray Phillips { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female | To be answered ONLY in event of plural births. | 4. Twin, triplet or other ..... 5. No., in order of birth ..... | 6. Legitimate? Yes. | 7. Date of birth Aug. 2, 1932 (Month Day Year)

8. FATHER

Full name Geo. Chapman Phillips

9. Residence (Usual place of abode) Central Heights

If non-resident, give place and state. Ariz.

10. Color or race White

11. Age at last birthday 44 (Years)

12. Birthplace (city or place) Georgetown

(State or country) N. Mexico

13. Occupation

Nature of Industry Highway laborer.

14. MOTHER

Full maiden name Rosalie Margaret Bednorz

15. Residence (Usual place of abode) Central Heights

If non-resident, give place and state. Ariz.

16. Color or race White

17. Age at last birthday 32 (Years)

18. Birthplace (city or place) Yorktown

(State or country) Texas.

19. Occupation

Nature of Industry Housewife

20. Number of children of this mother 7

(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 6

(b) Born alive but now dead 1

(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum? yes.

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 4:45 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, or should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature C W Adams

Physician (Physician ~~or Midwife~~)

Given name added from supplemental report 472-802929 (Month, day, year)

Address Box 636, Globe Ariz.

Filed 9/7, 1932 G. E. Lightman Registrar

Registrar

WRITE PLAINLY ... IN RESERVED FOR BINDING

... NFADING INK—THIS IS A PERMANENT RECORD

... a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

I. B.—In case of more than one child ...