

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 273  
Registered No. 1795

1. PLACE OF BIRTH

County Maricopa State Arizona  
Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Phoenix No. 1615 E. Coronado St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Wanda Sullivan Lord If child is not yet named, make supplemental report, as directed

3. Sex <u>Female</u>	If plural births	4. Twin, triplet, or other.	6. Premature Full term <u>✓</u>	7. Legitimate? <u>✓</u>	8. Date of birth <u>Nov. 22, 1932</u> <small>(Month, day, year)</small>
		5. Number, in order of birth			

9. Full name **FATHER**  
Lynn Hamilton Lord

18. Full maiden name **MOTHER**  
Eudochia Wheeler

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

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(If nonresident, give place and State) Phoenix

11. Color or race W 12. Age at last birthday 35 (Years)

20. Color or race W 21. Age at last birthday 26 (Years)

13. Birthplace (city or place)  
(State or country) N. Carolina

22. Birthplace (city or place)  
(State or country) Cleveland Tenn

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

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

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

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

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

25. Date (month and year) last engaged in this work \_\_\_\_\_, 19\_\_\_\_

27. Number of children of this mother  
(At time of this birth and including this child) (a) Born alive and now living 5 (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_

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 \_\_\_\_\_ at 12:25 P.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) F. W. Brown, M.D. M. D.

Given name added from a supplemental report \_\_\_\_\_ (Date of) \_\_\_\_\_

or \_\_\_\_\_ Midwife  
Address 497 Lusk Bldg  
Filed 11-28-32 Registrar

Registrar

624-1122-69

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each  
 WRITE PLAINLY IN UNFADING INK—THIS IS A PERMANENT RECORD  
 IN RESERVE