

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 75500

Registered No. 387

**1. PLACE OF BIRTH**

County Maricopa State Arizona  
Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Phoenix No. 1236 S Monte Vista St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

**2. Full name of child** Phyllis Jean Nelson { 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>Yes</u>	7. Legitimate mate <u>Yes</u>	8. Date of birth <u>Dec 19, 1932</u> (Month, day, year)
		5. Number, in order of birth			

**9. Full name** Charles Nelson **FATHER**

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

**11. Color or race** White **12. Age at last birthday** 37 (Years)

**13. Birthplace (city or place)** Kentucky  
(State or country)

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

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

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

**17. Total time (years) spent in this work** \_\_\_\_\_

**18. Full maiden name** Estelle Caroline Johnson **MOTHER**

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

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

**22. Birthplace (city or place)** Iowa  
(State or country)

**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.** own home

**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... (b) Born alive but now dead... (c) Stillborn... 2

**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 12:15 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) [Signature], M.D.

or [Signature], Midwife

Given name added from a supplemental report \_\_\_\_\_

Address Phoenix, Arizona  
Filed 2-13, 1933 [Signature]  
Registrar.

755-1219-765 (Date of) \_\_\_\_\_  
Registrar.

MARK IN RESER. - WORK F. PERMANENT RECORD  
 WRITE PLAINLY WITH UNFADING INK - THE  
 N. B. - In case more than one child at a birth, a SEPARATE REPORT must be made for each, and number of each in order of birth stated.