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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. _____

Registered No. X14

1. PLACE OF BIRTH

County Maricopa State Arizona

Township _____ or Village _____

City Phoenix No. 1985 Yale St. St. _____ Ward

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

2. Full name of child Ruth Mortensen (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? ✓ | 8. Date of birth Jan. 6, 1933 (Month, day, year)

FATHER

9. Full name Joseph Anders Mortensen

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

11. Color or race W. | 12. Age at last birthday 43 (Years)

13. Birthplace (city or place) Sanford (State or country) Colo.

OCCUPATION

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

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 _____

MOTHER

18. Full maiden name Susie Mae Parritt

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

20. Color or race W. | 21. Age at last birthday 38 (Years)

22. Birthplace (city or place) Clifton (State or country) Idaho

OCCUPATION

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. _____

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 6 (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 _____ (Born alive ~~or stillborn~~) at 6:26 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) F. W. Brown M.D., M.D.

or _____ Midwife

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

Address 407 Lukas Bldg.

145-166-275 Registrar.

Filed 7-3, 1933 J. Mallinckro Registrar.

N. B.—In case of ... UNFADING INK—THIS IS A PERMANENT RECORD ... are then one child at a birth, a SEPARATE RETURN must be made for each, and number of each in order of birth stated.