ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 657

Registered No. 28

Arizona

1. PLACE OF BIRTH

County: Gila State: Arizona

Township: or Village:

City: Hayden No. St. Ward

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

2. Full name of child: Helen Bernice Duncan (If child is not yet named, make supplemental report, as directed)

3. Sex: Male

4. If plural births: 4. Twin, triplet, or other: 5. Number, in order of birth:

6. Premature: Full term: x

7. Legitimate? Yes

8. Date of birth: February 1st, 1933 (Month, day, year)

FATHER

9. Full name: Bruce Duncan

10. Residence (usual place of abode) (If non-resident, give place and State): Hayden, Arizona

11. Color or race: White 12. Age at last birthday: 28 (Years)

13. Birthplace (city or place): Llano, (State or country): Texas,

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

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

16. Date (month and year) last engaged in this work: January, 1933

17. Total time (years) spent in this work: 4

MOTHER

18. Full maiden name: Helen Birdsall Nash

19. Residence (usual place of abode) (If non-resident, give place and State): Hayden, Arizona

20. Color or race: White 21. Age at last birthday: 25 (Years)

22. Birthplace (city or place): Phoenix, (State or country): Arizona

OCCUPATION

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

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

25. Date (month and year) last engaged in this work: January, 1933

26. Total time (years) spent in this work: 3½

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 born alive (Born alive or stillborn) at 8.45 P. m. on the date above stated

If there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Charles B. Huestis M. D.

or Charles B. Huestis M.D. Midwife

Address: Hayden, Arizona

Filed: Feb. 4, 1933 W. P. Nash Registrar.

Given name added from supplemental report: Date of: 845-201-858 Registrar.

RM 3-17-32 MS-4048