ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 262

Registered No. 278

1. PLACE OF BIRTH

County: Maricopa State: Arizona

Township: or Village:

City: Mesa No. St. Ward

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

2. Full name of child: Marston Edwin Richards (If child is not yet named, make supplemental report, as directed)

3. Sex: Male

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: 9-12-33 (Month, day, year), 19

FATHER

9. Full name: Albert Marston Richards

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

11. Color or race: White

12. Age at last birthday: 25 (Years)

13. Birthplace (city or place) (State or country): Rogers, Ark.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Dry Cleaning Busine

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: Hannah Ault

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

20. Color or race: White

21. Age at last birthday: 22 (Years)

22. Birthplace (city or place) (State or country): Kelsey, Texas

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.: 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: 1 (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 alive (Born alive or stillborn) at 9:15 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) [illegible], M. D.

or, Midwife

Address: Mesa, Ariz.

Given name added from a supplemental report (Date of)

Registrar

Filed Sept. 25, 1933 [illegible] Registrar

492-912-813