275

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. _____
Registered No. _____
Arizona _____

1. PLACE OF BIRTH

County Maricopa State ARIZONA

Township _____ or Village _____

City Wickenburg No. _____ St. Hospital

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

2. Full name of child Dana Wales Burden. (If child is not yet named, make supplemental report, as directed)

3. Sex M. | Plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ | 6. Premature _____ Full term ✓ | 7. Legitimate? yes. | 8. Date of birth Sept 28, 1933 (Month, day, year)

FATHER

9. Full name John Dana Burden

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

11. Color or race W Ann | 12. Age at last birthday 30 (Years)

13. Birthplace (city or place) (State or country) Mass

OCCUPATION

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

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

16. Date (month and year) last engaged in this work 9/26, 1933 | 17. Total time (years) spent in this work 9

MOTHER

18. Full maiden name Sophie Stephens Fletcher

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

20. Color or race Wh Ann | 21. Age at last birthday 27 (Years)

22. Birthplace (city or place) (State or country) Rhode Island

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. None

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 7

27. Number of children of this mother (At time of this birth and including this child) 3 (a) Born alive and now living 3 (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 9:40 a.m. on the date above stated

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

(Signed) C G Perkins, M. D.

or _____, Midwife

Address Wickenburg

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

Filed Sept 28, 1933 J A Copeland Registrar.

425-923-269

NOTE: Physicians, midwives, or other persons in attendance at birth, shall make a separate return for each, and the number of each in order of birth stated.