

AMENDMENT ATTACHED

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

151

State File No. _____
Registered No. 1693
Arizona _____

1. PLACE OF BIRTH

County Maricopa State ARIZONA
Township _____ or Village _____
City Phoenix No. Flourence Britton St. 107 Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Elwood Ballie
(If child is not yet named, make supplemental report, as directed)

3. Sex Male } M plural } 4. Twin, triplet, or other _____ } 5. Premature _____ } 6. Legitimate? } 7. Date of birth Oct. 1 1933
births } 5. Number, in order of birth _____ } Full term } (Month, day, year)

8. Full name John McCoy FATHER

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

11. Color or race White 12. Age at last birthday 35 (Years)

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

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

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

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____

18. Full maiden name Jimmie Ballie MOTHER

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

20. Color or race White 21. Age at last birthday 28 (Years)

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

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

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 _____ 26. Total time (years) spent in this work _____

27. Number of children of this mother _____ (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____
(In time of this birth and including this child)

28. If stillborn, period of gestation _____ months or weeks } Before labor _____
29. Cause of stillbirth _____ } During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 5:30 A.M. on the date above stated
(If born alive but now dead, mark with X)

(Signed) W. W. Wilkinson M. D.

or _____ Midwife

Address 215 E. 2nd Ave. Phoenix

Filed 11-3-33 Registrar

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

Given same added from a supplemental report _____ (Date) _____
535-1001-335 Registrar