201

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. _____

Registered No. 1918

Arizona _____

1. PLACE OF BIRTH

County Maricopa State Arizona

Township _____ or Village _____

City Phoenix No. Good Samaritan Hospital Ward

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

2. Full name of child Sylvia Ann Huber (If child is not yet named, make supplemental report, as directed)

3. Sex Fe. | Plural births: 4. Twin, triplet, or other X; 5. Number, in order of birth X | 6. Premature X; Full term Yes | 7. Legitimate Yes | 8. Date of birth 12-4, 1933 (Month, day, year)

FATHER	MOTHER
9. Full name Kenneth Raymond Huber	18. Full maiden name Mildred Hood.
10. Residence (usual place of abode) (If non-resident, give place and State) Box 442 Tempe	19. Residence (usual place of abode) (If non-resident, give place and State) Same.
11. Color or race W.	20. Color or race W.
12. Age at last birthday 26 (Years)	21. Age at last birthday 18 (Years)
13. Birthplace (city or place) Mesa	22. Birthplace (city or place) Payson
(State or country) Arizona	(State or country) Arizona
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lineman	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Milky Way Dairy	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work _____, 19__	25. Date (month and year) last engaged in this work _____, 19__
17. Total time (years) spent in this work 3 yrs.	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 X (months or weeks) 29. Cause of stillbirth X — (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 4:23 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) G B Stump, M. D.

or _____, Midwife

Address Phoenix

Filed 12-12, 1933 Ora Shoen, Registrar.

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

In order of birth stated.

VM 2-3-B 300-4797

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