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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No: .....

Registered No. 437

Arizona .....

1. PLACE OF BIRTH

County Maricopa State ARIZONA

Township ..... or Village .....

City Phoenix No. St. Joseph's Hospital Ward

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

2. Full name of child Jerry Ray Doft. (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 ✓ | 7. Legitimate? Yes | 8. Date of birth March 5, 1934 (Month, day, year)

FATHER

9. Full name Verne Arthur Doft.

10. Residence (usual place of abode) (If non-resident, give place and State) 1311 W. Polk

11. Color or race W. 12. Age at last birthday 34 (Years)

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

OCCUPATION

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

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 Frances Mary Condit.

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

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

22. Birthplace (city or place) (State or country) Colorado

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. .....

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 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 03 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) D. Lawrence M. D.

or ..... Midwife

Address .....

Given name added from supplemental report ..... (Date of)

Filed 3-16, 1934 O. W. Thoeny Registrar.

133 ..... 385 ..... 10333 Registrar.

N. B.—In case a mother has more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth noted.