270

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No.

Registered No. 1079

1. PLACE OF BIRTH

County: Maricopa State: ARIZONA

Township: Village:

City: Phoenix No. St. Josephs Hospital St. Ward

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

2. Full name of child: Mary Catherine Sanders (If child is not yet named, make supplemental report, as directed)

3. Sex: Female

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: July 27, 1934 (Month, day, year)

| FATHER | MOTHER |
|---|---|
| 9. Full name: Elmer Sanders | 18. Full maiden name: Mattie Marie Holt |
| 10. Residence (usual place of abode) (If non-resident, give place and State): 3420 S. Central | 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: 35 (Years) | 21. Age at last birthday: 24 (Years) |
| 13. Birthplace (city or place) (State or country): Arkansas | 22. Birthplace (city or place) (State or country): Texas |
| OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Mechanic | 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.: | 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: | 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: 1 (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 1:20 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) J. E. Brane, M. D.

or, Midwife

Address

Given name added from a supplemental report (Date of)

Registrar.

Filed July 31, 1934 O. W. Thoeny M.D. Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

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

10M 1-31-34 MS—49982 FORM NO. 2

422 — 727 — 463