SUPPLEMENT ATTACHED

387

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. _____
Registered No. 1300
Arizona _____

1. PLACE OF BIRTH

County Maricopa State Arizona
Township _____ or Village _____
City Phoenix No. I345 W.Fillmore St. St. _____ Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Barbra Jene Everett (If child is not yet named, make supplemental report, as directed)

3. Sex female | If plural births: 4. Twin, triplet, or other I; 5. Number, in order of birth 4 | 6. Premature _____ Full term yes | 7. Legitimate? yes | 8. Date of birth 8-27th '34 (Month, day, year), 19__

FATHER	MOTHER
9. Full name Scott Everett	18. Full maiden name EuniceNethertin
10. Residence (usual place of abode) (If non-resident, give place and State) I345 W.Fillmore St	19. Residence (usual place of abode) (If non-resident, give place and State) I345 W.Fillmore St
11. Color or race white; 12. Age at last birthday 37 (Years)	20. Color or race white; 21. Age at last birthday 35 (Years)
13. Birthplace (city or place) (State or country) Texas	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 Auto	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 8-27-1934, 19__; 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work 8-27-1934, 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 4 (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 I. A. m. on the date above stated

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

Given name added from a supplemental report 253-827-555 (Date of)

(Signed) F. G. Hart M. D.
or _____ Midwife
Address I46 East Washington Street
Filed 9-8, 1934 O. W. Thierry M. D. Registrar.

_____ Registrar.

IDM 2-8-33 MS-47971

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.