1. PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 405

Registered No. 1455

County Maricopa State ARIZONA

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

City Phoenix No. Good Samaritan Hosp. St. ..... Ward

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

2. Full name of child Sybil Price (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 yes | 7. Legitimate yes | 8. Date of birth Sept 25, 1934 (Month, day, year)

FATHER	MOTHER
9. Full name Windell Bancroft Price	18. Full maiden name Atella Burk
10. Residence (usual place of abode) (If non-resident, give place and State) 2389 N. 8th St. Phoenix, Ariz	19. Residence (usual place of abode) (If non-resident, give place and State) Same
11. Color or race W. 12. Age at last birthday 25 (Years)	20. Color or race W. 21. Age at last birthday 23 (Years)
13. Birthplace (city or place) Charleston, (State or country) Utah	22. Birthplace (city or place) Alpine, (State or country) Arizona
OCCUPATION: 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. ..... 16. Date (month and year) last engaged in this work ....., 19.. 17. Total time (years) spent in this work 15 mo.	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 10 mo.

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 .....

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 6 18 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) T B Sharp, M. D.

or ..... Midwife

Address Grimson Clean Phx Ariz

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

Filed 9-29-1934 C W Thorey Registrar.

..... Registrar.

10M 1-31-34 MS—49982 FORM NO. 2

275-925-122

must be made for each, and the number of each in order of birth stated.