ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

1. PLACE OF BIRTH

State File No. 214

Registered No. 307

Arizona

County Maricopa State Arizona

Township or Village

City Mesa No. St. Ward

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

2. Full name of child Barney Ault Richards (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 X | 7. Legitimate? Yes | 8. Date of birth Nov. 3, 1934 (Month, day, year), 19

FATHER	MOTHER
9. Full name Albert Marston Richards	18. Full maiden name Hanah Ault
10. Residence (usual place of abode) (If non-resident, give place and State) Mesa, Ariz.	19. Residence (usual place of abode) (If non-resident, give place and State) Mesa, Ariz.
11. Color or race White	20. Color or race White
12. Age at last birthday 26 (Years)	21. Age at last birthday 23 (Years)
13. Birthplace (city or place) Rogers, Ark. (State or country)	22. Birthplace (city or place) Kelsay, Texas (State or country)
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer	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. Own home
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 2 (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

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 alive (Born alive or stillborn) at 4:30 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) [signature], M. D.

or , Midwife

Address Mesa, Ariz.

Given name added from a supplemental report (Date of)

Filed Dec 31, 1934 C. A. Donaldson Registrar.

Registrar.

292-1103-8131

SM 9-17-32 MB-47048

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.