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.

1. PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 322

Registered No. 380

County Maricopa State ARIZONA

Township or Village

City Phoenix No. St. Josephs Hospital Ward

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

2. Full name of child Shirley Jean Coulter (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 ✓ | 7. Married? Yes | 8. Date of birth Feb. 19, 1935 (Month, day, year)

FATHER

9. Full name Joseph William Coulter

10. Residence (usual place of abode) (If non-resident, give place and State) 1347 E. Willetta

11. Color or race W | 12. Age at last birthday 36 (Years)

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

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. O. S. Stapley Co.

16. Date (month and year) last engaged in this work ....., 19..

17. Total time (years) spent in this work 1 yr.

MOTHER

18. Full maiden name Eileen Kandas Lowe

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

20. Color or race W | 21. Age at last birthday 24 (Years)

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

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 3 (b) Born alive but now dead (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 6 35 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 239-219-535 (Date of)

(Signed) Becy Herzberg, M. D.

or ....., Midwife

Address

Filed 3/7, 1935 O. W. Thorny M.D. Registrar.

Registrar.

10M—9-1-34 FORM No. 2