ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

1. PLACE OF BIRTH

State File No. 4 [illegible]

Registered No. 80

County Maricopa State Ariz.

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 Wayne Irwin Phelps (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 Sept. 26, 1935 (Month, day, year), 19....

FATHER	MOTHER
9. Full name Wayne Ellsworth Phelps	18. Full maiden name Mary Zoe Hill
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; 12. Age at last birthday 24 (Years)	20. Color or race White; 21. Age at last birthday 23 (Years)
13. Birthplace (city or place) Mesa, (State or country) Ariz.	22. Birthplace (city or place) Mesa, (State or country) Ariz.
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Meat Cutter	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. Grocery Store	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own hme
16. Date (month and year) last engaged in this work ....., 19.... 17. Total time (years) spent in this work	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 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 alive (Born alive or stillborn) at 11:18 P. 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 672-926-483 (Date of)

(Signed) [signature], M. D.

or ....., Midwife

Address Mesa, Ariz.

Filed 3-13-36, 19.... P. J. Scherr, Md Registrar.

..... Registrar.

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.