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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

1. PLACE OF BIRTH

State File No. _____

Registered No. 329

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 Theo R. Hunsaker (If child is not yet named, make supplemental report, as directed)

3. Sex Male | If plural births: 4. Twin, triplet, or other Twin; 5. Number, in order of birth 1 | 6. Premature _____ Full term X | 7. Is mother married? Yes | 8. Date of birth Nov. 15, 1935 (Month, day, year), 19__

FATHER	MOTHER
9. Full name Leo Earl Hunsaker	18. Full maiden name Emma McLaws
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 26 (Years)	20. Color or race White; 21. Age at last birthday 23 (Years)
13. Birthplace (city or place) Mesa, Ariz. (State or country)	22. Birthplace (city or place) Joseph City, Ariz. (State or country)
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laboere	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__; 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 2 (b) Born alive but now dead 1 (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 8:00 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 389-115-542 (Date of)

_____ Registrar.

(Signed) [signature], M. D.

or _____, Midwife

Address Mesa, Ariz.

Filed 12-14-35, 19__ P. J. Schen, M.D. Registrar.

10M 2-5-35 Form No. 2 MS

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.