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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No.

Registered No. 2215

1. PLACE OF BIRTH

County: Maricopa State: ARIZONA

Township: or Village:

City: Phoenix No. St. Joseph's Hospital St. Ward

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

2. Full name of child: Carol Young (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. Is mother married? Yes

8. Date of birth: Dec. 24, 1935 (Month, day, year)

FATHER

9. Full name: Joseph John Young

10. Residence (usual place of abode) (If non-resident, give place and State): 2209 W. 10th St.

11. Color or race: W.

12. Age at last birthday: 29 (Years)

13. Birthplace (city or place): (State or country): New York

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.: Bauer Co.

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

17. Total time (years) spent in this work: 1 1/2 yr.

MOTHER

18. Full maiden name: Marie Pearl Forbes

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

20. Color or race: W.

21. Age at last birthday: 22 (Years)

22. Birthplace (city or place): Shreveport (State or country): Louisiana

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: 2 (b) Born alive but now dead: 0 (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 2:50 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) H. B. Lang, M. D.

or Phoenix Ariz. Midwife

Address

Given name added from a supplemental report 387-1224-4(2) (Date of)

Filed Dec 30, 1935 Keyes F. Acborn Registrar.

Registrar.

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