

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. _____

Registered No. 1992

1. PLACE OF BIRTH

County Maricopa State ARIZONA
Township _____ Village _____
City Phoenix No. 1000
(If birth occurred in a hospital or institution, give its NAME instead of street and number) Ward _____

2. Full name of child Larry Dean Nelson (If child is not yet named, make supplemental report, as directed)

3. Sex M If plural births _____ 4. Twin, triplets, or other _____ 6. Premature _____ 7. Is mother married? Yes 8. Date of birth 10-29-36
Full term _____ (Month, day, year)

9. Full name FATHER: John Hodge Dixon 19. Full maiden name MOTHER: Helena Henderson

10. Residence (usual place of abode) (If non-resident, give place and State) Rt 1, Boulder 20. Residence (usual place of abode) (If non-resident, give place and State) Paris

11. Color or race White 12. Age at last birthday 42 (Years) 20. Color or race White 21. Age at last birthday 2 (Years)

13. Birthplace (city or place) (State or Country) Marion Texas 22. Birthplace (city or place) (State or Country) Jarvisburg Ga

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dentist 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. N.W.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Self 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work 10 yrs 25. Date (month and year) last engaged in this work _____ 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 _____ (b) Born alive but now dead _____ (c) Stillborn _____

28. If stillborn, period of gestation _____ { months or weeks } 29. Cause of stillbirth _____ During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Female at 1560 m. on the date above stated (Born alive or stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return. }

(Signed) R. Jordan M. D.

or _____, Midwife

Address _____

Filed 10-31, 1936 Meri F. Ostom Registrar.

WRITE PLAINLY WITH UNFRADING 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.

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