

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 246
Registered No. 301

1. PLACE OF BIRTH

County Maricopa State ARIZONA

Township Phoenix or Village St. Joseph's Hospital

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

2. Full name of child Dary B. Curtis (If child is not yet named, make supplemental report, as directed)

| | | | | | |
|-----------------------|------------------|-----------------------------------|--|----------------------------------|--|
| 3. Sex <u>Male</u> | If plural births | 4. Twin, triplets, or other..... | 6. Premature..... Full term <u> </u> | 7. Is mother married? <u>yes</u> | 8. Date of birth <u>February 5, 1937</u> (Month, day, year) |
| | | 5. Number, in order of birth..... | | | |

9. Full name Cleveland Curtis FATHER

18. Full maiden name Eunice Nelson MOTHER

10. Residence (usual place of abode) (If non-resident, give place and State) Shafter, Ariz.

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

11. Color or race W. 12. Age at last birthday 43 (Years)

20. Color or race W. 21. Age at last birthday 41 (Years)

13. Birthplace (city or place) St. David Arizona
(State or Country)

22. Birthplace (city or place) Colonie Neblan N. Mexico
(State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk sup court

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. Graham Co.

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 19.

25. Date (month and year) last engaged in this work 26. Total time (years) spent in this work 7 yrs

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 9 (b) Born alive but now dead 0 (c) Stillborn 0

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 born alive at 7:20 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) R. H. Phelps M. D.

Given name added from a supplemental report (Date of)

or 3000 Lumber Bldg Midwife

Address Filed 2-23, 1937 Gene F. Peterson Registrar

Registrar.

732-205-555

In order of birth listed.