ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 450-A
Registered No. 310

1. PLACE OF BIRTH

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: Horace Melvin Montierth (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: yes

7. Legitimate?: Yes

8. Date of birth: May 29, 1937, 19 (Month, day, year)

FATHER

9. Full name: Horace Packer Montierth

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

11. Color or race: White

12. Age at last birthday: 28 (Years)

13. Birthplace (city or place): Safford, (State or country) Ariz.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: School Téacher

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.:

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

17. Total time (years) spent in this work:

MOTHER

18. Full maiden name: Sylvia Loretta Millett

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

20. Color or race: White

21. Age at last birthday: 21 (Years)

22. Birthplace (city or place): Spanish Fork, (State or country) Utah.

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.: Own home

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: 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 alive (Born alive or stillborn) at 5:30 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 848-529-243 (Date of)

(Signed) [illegible], M. D.

or, Midwife

Address: Mesa, Ariz.

Filed: Sept. 17, 1937 [illegible], 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.

THIS IS A PERMANENT RECORD

10M 1-31-34 MS—49982 FORM NO. 2