

ARIZONA STATE BOARD OF HEALTH

476

1. PLACE OF BIRTH

**BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH**

State File No. _____
Registered No. 1423

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

2. Full name of child William Edward Smerdon 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	7. Is mother married? <u>yes</u>	8. Date of birth <u>December 24 1937</u> <small>(Month, day, year)</small>
		5. Number, in order of birth	Full term		

9. Full name **FATHER**
Edward B. Smerdon

18. Full maiden name **MOTHER**
Virginia Lucille Diebeault

10. Residence (usual place of abode) (if non-resident, give place and State) 339 77.16th Ave

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

11. Color or race W. 12. Age at last birthday 29 (Years)

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

13. Birthplace (city or place) (State or Country) Massachusetts

22. Birthplace (city or place) (State or Country) Chicago Ill.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Alarm operator

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Fire dept (Phoenix)

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

17. Total time (years) spent in this work 3 1/2 yrs.

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 _____, 19____

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 born alive at 2:45 p. m. on the date above stated
(Born alive or stillborn)

(Signed) F. B. Sharp, M.D. M. D.

Given name added from a supplemental report _____ (Date of) _____
625-1224-533

Address Phoenix, Arizona
Filed Jan 5 1938 J. M. Johnson Registrar.

MAKE CAREFULLY WITH UNWRAPPING INK. THIS IS A FERMAMENT 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.