

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 346

Registered No. 346

1. PLACE OF BIRTH

County Maricopa State ARIZONA

Township \_\_\_\_\_ or Village \_\_\_\_\_

City Phoenix No. Schmid Maternity Home 136 N. 6th St Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Thomas John Jensen { If child is not yet named, make supplemental report, as directed

3. Sex M If plural births \_\_\_\_\_ 4. Twin, triplets, or other \_\_\_\_\_ 6. Premature \_\_\_\_\_ Full term X 7. Is mother married yes 8. Date of birth Feb 4 19 39  
(Month, day, year)

9. Full name Charles Jensen FATHER

18. Full maiden name Lillian Archambault MOTHER

10. Residence (usual place of abode) St. Louis Mo.  
(If non-resident, give place and State)

19. Residence (usual place of abode) 1100 E. Vanburen  
(If non-resident, give place and State)

11. Color or race white 12. Age at last birthday 28 (Years)

20. Color or race white 21. Age at last birthday 23 (Years)

13. Birthplace (city or place) St. Louis Mo.  
(State or Country)

22. Birthplace (city or place) St. Louis Mo.  
(State or Country)

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

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.

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

24. Industry or business in which work was done, as own home lawyer's office, silk mill, etc. Own Housework

16. Date (month and year) last engaged in this work \_\_\_\_\_ 17. Total time (years) spent in this work \_\_\_\_\_

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 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 7:20 p.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) [Signature] M. D.

or \_\_\_\_\_, Midwife

Given name added from a supplemental report \_\_\_\_\_ (Date of) \_\_\_\_\_

Address 15 E. ...

Filed 2-23 19 39 James R. Johnson Registrar.

Registrar.

345-204-313

each in order of birth stated.