

# ARIZONA STATE BOARD OF HEALTH

250

1. PLACE OF BIRTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. \_\_\_\_\_  
Registered No. 1125

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

2. Full name of child James Donald Ashley  
{ If child is not yet named, make supplemental report, as directed

3. Sex <u>Male</u>	4. Twin, triplets, or other.....	6. Premature..... Full term <input checked="" type="checkbox"/>	7. Is mother married? <u>Yes</u>	8. Date of birth <u>May 4</u> , 19 <u>39</u> <small>(Month, day, year)</small>
5. Number, in order of birth.....				

9. Full name William C. Ashley FATHER  
18. Full maiden name Evelyn Wilhelmina Sautter MOTHER

10. Residence (usual place of abode) (If non-resident, give place and State) RT 5 - Box 564 B  
19. Residence (usual place of abode) (If non-resident, give place and State) Same

11. Color or race W. 12. Age at last birthday 22 (Years)  
20. Color or race W. 21. Age at last birthday 20 (Years)

13. Birthplace (city or place) (State or Country) Louisiana  
22. Birthplace (city or place) (State or Country) Rainey So Dakotas

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. truck driver  
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_  
16. Date (mo. and yr.) last engaged in this work \_\_\_\_\_, 19\_\_\_\_  
17. Total time (years) spent in this work 3 yrs

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. \_\_\_\_\_  
25. Date (mo. and yr.) 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 born alive 4:30 p.m. on the date above stated  
{ When there was no attending physician or midwife, then the father, householder, etc., should make this return. }  
(Born alive or stillborn)  
(Signed) Paul V. Palmer M. D.  
or \_\_\_\_\_ Midwife  
Address May 19, 1939 James Johnson  
Filed \_\_\_\_\_, 19\_\_\_\_  
Registrar \_\_\_\_\_

118-584-529

each in order of birth stated. must be made for each, and the number of