

Supplement attached

408

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. \_\_\_\_\_  
Registered No. 2557

1. PLACE OF BIRTH

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

2. Full name of child William Herryl Jordan Jr. { If child is not yet named, make supplemental report, as directed

3. Sex M If plural births \_\_\_\_\_ 4. Twin, triplets, or other \_\_\_\_\_ 6. Premature \_\_\_\_\_ 7. Is mother married? yes  
5. Number, in order of birth \_\_\_\_\_ Full term yes Date of birth 10-15, 1939  
(Month, day, year)

9. Full name FATHER  
William Herryl Jordan

8. Full maiden name MOTHER  
Ruth Arrivault

10. Residence (usual place of abode) (If non-resident, give place and State) 916 W. Portland

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

11. Color or race Wh 12. Age at last birthday 22 (Years)

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

Birthplace (city or place) Chandler  
(State or Country) Arizona

22. Birthplace (city or place) Santa Monica  
(State or Country) California

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

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. Turtis Wright Technical Institute

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

16. Date (mo. and yr.) last engaged in this work \_\_\_\_\_ 17. Total time (years) spent in this work 5 mos.

25. Date (mo. and yr.) last engaged in this work \_\_\_\_\_ 26. Total time (years) spent in this work 3 yrs

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 5:14 A. (Born alive or stillborn) on the date above stated  
(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)  
(Signed) W. Jordan \_\_\_\_\_, M. D.

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

Address \_\_\_\_\_ Filed October 27, 1939 James L. Johnson Registrar.

Must be made for each, and the number of  
USE PERMANENT INK  
in case of more than one