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ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 497 W ✓
Registered No. 237

PLACE OF BIRTH
County Maricopa State Arizona
District or Township Mesa or Village _____
City _____ No. _____ St. _____ Ward _____

Full name of child Donna Gene Prundage
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
Sex of Child F To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 6. Legitimate? yes
5. No. in order of birth _____ 7. Date of birth 4 9 1917
Month Day Year

FATHER
Full name P. Bluen Prundage
Residence (Usual place of abode) Mesa Ariz.
If non-resident, give place and state.
Color or race W
Age at last birthday 27 (Years)
Birthplace (city or place) Mesa Ariz.
(State or country)
Occupation Farmer
Nature of industry

MOTHER
Full maiden name Grace Lamb
Residence (Usual place of abode) Mesa
If non-resident, give place and state.
Color or race White
Age at last birthday 28 (Years)
Birthplace (city or place) Mesa Ariz.
(State or country)
Occupation Housewife
Nature of industry

20. Number of children of this mother _____
(Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 1
(b) Born alive but now dead _____
(c) Stillborn _____
21. Were precautions taken against ophthalmia neonatorum? ?

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
I hereby certify that I attended the birth of this child, who was born alive at 4 P. m. on the date above stated
(Born alive or stillborn)
Signature H. J. McNeill Local Registrar
(Physician or midwife)

Given name added from supplemental report _____
Month, day, year _____
Address Mesa Ariz.
Filed Aug 26, 1925 H. J. McNeill Registrar
This baby was not reported at time of birth.