

2792

PLACE OF BIRTH

1. County of Maricopa
District of No 3
Town of Mesa
or
City of _____ No. _____ St. _____ Ward _____

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

State Index No. 320
Co. Registrar No. 1740
Local Registrar No. 349

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Marena Pauline Ray } If child is not yet named, make supplemental report, as directed

3. Sex of child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other. 5. No., in order of birth. 6. Legitimate? yo 7. Date of birth Oct 19/29 (Month, day, year)

8. Full name of FATHER Oscar Ray

14. Full maiden name of MOTHER Samy Marina Cull

9. Residence (Usual place of abode) If nonresident, give place and State Mesa Ariz.

15. Residence (Usual place of abode) If nonresident, give place and State Mesa Ariz.

10. Color or race White 11. Age at last birthday 32 (Years)

16. Color or race White 17. Age at last birthday 34 (Years)

12. Birthplace (city or place) (State or country) Mesa

18. Birthplace (city or place) (State or country) Ark.

13. Occupation Nature of Industry Farm

19. Occupation Nature of Industry Wife

20. Number of children of this mother (Taken as of time of birth of child here-in certified and including this child.) (a) Born alive and now living 5 (b) Born alive but now dead 4 (c) Stillborn 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 1:30 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. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature [Signature] (Physician or midwife)

Address Mesa Ariz.

Given name added from a supplemental report _____ (Month, day, year)

Filed 10-30, 1929 Local Registrar [Signature]

Filed 11-14, 1922 County Registrar [Signature]

Registrar

498-1019-513

of each, in order of birth, stated.