

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

1. County of Maricopa State Index No. 269  
 District of \_\_\_\_\_ Co. Registrar No. 1815  
 Town of Phoenix Local Registrar No. 9974  
 or  
 City of Phoenix No. Saint Joseph Hospital (If birth occurred in a hospital or institution, give its NAME instead of street and number) Ward \_\_\_\_\_

2. Full name of child Jean Adair Reno } If child is not yet named, make supplemental report, as directed

3. Sex of child <u>Female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other 5. No., in order of birth	6. Legitimate? <u>yes</u>	7. Date of birth <u>November 12 1922</u> (Month, day, year)
8. FATHER Full name <u>Charles Earl Reno</u>		14. MOTHER Full maiden name <u>Annabelle Greenwood</u>		
9. Residence <u>1519 W. Washington St. Phoenix, Ariz.</u> (Usual place of abode) If nonresident, give place and State		15. Residence <u>1519 W. Washington St. Phoenix, Arizona</u> (Usual place of abode) If nonresident, give place and State		
10. Color or race <u>white</u>	11. Age at last birthday <u>24</u> (Years)	16. Color or race <u>white</u>	17. Age at last birthday <u>21</u> (Years)	
12. Birthplace (city or place) (State or country) <u>Phoenix, Arizona</u>		18. Birthplace (city or place) (State or country) <u>Wilcox, Arizona</u>		
13. Occupation Nature of Industry <u>Biological Survey</u>		19. Occupation Nature of Industry <u>Housewife</u>		
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 <u>1</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>		

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive at 6:00 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 I. L. Garrison M.D.  
 (Physician or midwife)  
 Address Phoenix, Arizona  
 Given name added from supplemental report \_\_\_\_\_  
 (Month, day, year) 196-112-174  
 Registrar.

Filed 11-15, 1922 I. L. GARRISON, M. D.  
 Local Registrar.  
 Filed 11-27, 1922  
 County Registrar.

Give number of each, in order of birth, stated.