

2091

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

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Mamasa
District of _____
Town of Chandler
or _____
City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 330
County Registrar No. 1340
Local Registrar No. 44

2. Full name of child Betty Louise Tenney (If birth occurred in a hospital or institution, give its NAME instead of street and number)
St. _____ Ward _____
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. _____ 6. Legitimate? Yes
5. No., in order of birth. _____ 7. Date of birth 8-17-23
Month Day Year

8. FATHER
Full name Anthony Evans Tenney

14. MOTHER
Full maiden name Violet Ann Hunsaker

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

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

10. Color or race White 11. Age at last birthday 24 (Years)

16. Color or race White 17. Age at last birthday 21 (Years)

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

18. Birthplace (city or place) Mesa Arizona
(State or country)

13. Occupation Teamster - Laborer
Nature of industry M.A.P.

19. Occupation House wife
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 one
(b) Born alive but now dead no
(c) Stillborn no

21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn.) at 3 P. m. on the date above stated.

*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 H. B. Jordan (Physician or midwife)
Address Chandler Ariz

Given name added from a supplemental report _____
Month, day, year. _____
Filed 9/3 1923 Geo. W. Meason Local Registrar.
Filed _____ 1923 HARRY J. FELCH, M.D. County Registrar.

238-817-589