

1422

PLACE OF BIRTH

1. County of Maricopa
District of 4
Town of _____
or
City of Glendale

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 375
County Registrar No. 2420
Local Registrar No. 196

2. Full name of child William Gordon Bennett
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
If child is not yet named, make supplemental report, as directed.

3. Sex of Child M. To be answered ONLY in event of plural births. 4. Twin, triplet or other. 5. No., in order of birth. 6. Legitimate? yes 7. Date of birth Nov 16, 1924
Month Day Year

8. FATHER
Full name Allen Nelson Bennett
9. Residence (Usual place of abode) Glendale 529 E. St. Arizona
If nonresident, give place and state

14. MOTHER
Full maiden name Marjorie Dean Williams
15. Residence (Usual place of abode) Glendale, 529 E. St. California
If nonresident, give place and state

10. Color or race white 11. Age at last birthday 28 (Years)

16. Color or race white 17. Age at last birthday 27 (Years)

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

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

13. Occupation Laborer
Nature of industry

19. 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 3
(b) Born alive but now dead 0
(c) Stillborn 0

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 Born alive at 6:45 a.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 Dr. Ross E. Martin Physician or midwife
Address Glendale, Ariz.

Given name added from a supplemental report _____
Month, day, year. Filed Jan 2, 1925 _____
Registrar. Filed _____ 19____ Local Registrar. _____
County Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

673-1110-4-2