

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.

PLACE OF BIRTH

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

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 415
 County Registrar No. 380
 Local Registrar No. 17

2. Full name of child unnamed (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? yes.
 7. Date of birth 2-23-25
 Month Day Year

8. FATHER
 Full name Anthony Evans Tenny
 9. Residence (Usual place of abode) Chandler Ariz
 If nonresident, give place and state _____
 10. Color or race White
 11. Age at last birthday 26 (Years)
 12. Birthplace (city or place) (State or country) Old Mexico
 13. Occupation Nature of industry Laborer

14. MOTHER
 Full maiden name Violet Ann Hunsaker
 15. Residence (Usual place of abode) Chandler Ariz
 If nonresident, give place and state _____
 16. Color or race White
 17. Age at last birthday 23 (Years)
 18. Birthplace (city or place) (State or country) Mesa Ariz
 19. Occupation Nature of industry housewife

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 2
 (b) Born alive but now dead 3
 (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 alive at 5 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 J. G. Jordan
 Address Chandler Ariz
 (Physician or midwife)

Given name added from a supplemental report _____
 Month, day, year. _____
 Registrar. _____
 Filed 3/5, 1925
 Filed _____, 19____
Joe. M. Swadon
 Local Registrar.
 County Registrar.

038-223-589