

PLACE OF BIRTH

1. County of MaricopaDistrict of GlendaleTown of Glendale

or

City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 401County Registrar No. 69

Local Registrar No. _____

No. _____ CL _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number.)2. Full name of child William Albert Jr) If child is not yet named make supplemental report, as directed.3. Sex of Child male To be answered ONLY in event of plural births. } 4. Twin, triplet or other _____ 6. Legitimate? yes 7. Date of birth Apr 22 1925
Month day year

8. FATHER 14. MOTHER

Full name William Albert Full maiden name Norma Bircks9. Residence (Usual place of abode) Glendale 15. Residence (Usual place of abode) Glendale
If nonresident, give place and state If nonresident, give place and state10. Color or race White 11. Age at last birthday 28 (Years) 16. Color or race White 17. Age at last birthday 24 (Years)12. Birthplace (city or place) (State or country) Iowa 18. Birthplace (city or place) (State or country) Iowa13. Occupation Nature of industry Service Station 19. Occupation Nature of industry House wife20. Number of children of this mother (a) Born alive and now living 3 21. Were precautions taken against ophthalmia neonatorum? yes
(Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead 0 (c) Stillborn 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ (Born alive or stillborn.) at 5:57 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 evidences of life after birth.
Given name added from a supplemental report _____
Month, day, year. _____
Signature Robt. T. Franklin (Physician or midwife)
Address Glendale Ariz
Filed Apr 30 1925 _____
Local Registrar.

Registrar.

Filed _____

County Registrar.

653-422-542

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.