

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 315
 Registered No. 1098

1. PLACE OF BIRTH

County: Mauveopa State: Arizona
 District or Township: _____ or Village: _____
 City: Phoenix No. Arizona Deaconess Hospital (Ward _____)
If birth occurred in a hospital or institution, give its NAME instead of street and number

2. Full name of child

Robert Lee Mortensen (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 _____ 5. No., in order of birth _____ 6. Legitimate? yes 7. Date of birth February 24 1926
 Month Day Year

8. FATHER
 Full name James Mortenson

14. MOTHER
 Full maiden name Hanna Alfred Fredens

9. Residence (Usual place of abode) Glen Dale Arizona
 If non-resident, give place and state.

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 If non-resident, give place and state.

10. Color or race white 11. Age at last birthday 40 (Years)

16. Color or race white 17. Age at last birthday 38 (Years)

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

18. Birthplace (city or place) Costledale Utah
 (State or country)

13. Occupation Farmer
 Nature of industry

19. Occupation Housewife
 Nature of industry

20. Number of children of this mother 5
 (Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living 5
 (b) Born alive but now dead 0
 (c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum? yes
Agua 30/100

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12 A.M. on the date above stated
 (Born alive or stillborn.)
 Signature: [Signature]

* 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.

(Physician or midwife)

Given name added from a supplemental report _____
 Month, day, year _____
 Registrar _____

Address _____
 Filed 3-3-26 1926 [Signature]
 Registrar

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

945-220-465