

... must be made for each, and the number of each. IN ORDER OF BIRTH STATE.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Pima

BUREAU OF VITAL STATISTICS

State Index No. 142

District of Maricopa

ORIGINAL CERTIFICATE OF BIRTH

County Registrar No. 579

Town of Phoenix

Local Registrar No. 579

or

St. _____ Ward _____

City of _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Betty Loraine Clark

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. Legitimate? Yes

7. Date of Birth April 13 1926
Month day year

3. FATHER Full name G. S. Clark

14. MOTHER Full maiden name Carrie Finnigan

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

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

10. Color of race White

11. Age at last birthday 42 (Years)

16. Color of race White

17. Age at last birthday 38 (Years)

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

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

13. Occupation Rancher
Nature of industry

19. Occupation Housewife
Nature of industry

20. Number of children of this mother (a) Born alive and now living 10
(Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead _____
(c) Stillborn _____

21. Were precautions taken against erythema neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ (Born alive or stillborn) at 3:15 PM 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.

Signature [Signature] Physician (midwife)
Address Phoenix

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

Filed April 19 1926 Local Registrar.

Registrar.

Filed _____ County Registrar.

232-413-365