

SUPPLEMENT ATTACHED

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 278

Registered No. 1531

1. PLACE OF BIRTH

County Maricopa State Arizona
District or Township _____ or Village _____
City Phoenix No. St. Joseph's Hospital Room 23 Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Hinshaw, Wanda D. (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
5. No., in order of birth _____ 7. Date of birth 6-16-26
Month Day Year

8. FATHER
Full name Aschel D. Hinshaw

14. MOTHER
Full maiden name Bessie Stella Guthrie

9. Residence (Usual place of abode) 817 N. 10th Ave
If non-resident, give place and state.

15. Residence (Usual place of abode) 817 N. 10th Ave.
If non-resident, give place and state.

10. Color or race white
11. Age at last birthday 26 (Years)

16. Color or race white
17. Age at last birthday 25 (Years)

12. Birthplace (city or place) Wakarusa
(State or country) Kansas

18. Birthplace (city or place) Valaska
(State or country) Iowa

13. Occupation Lectitioner
Nature of Industry

19. Occupation housewife
Nature of Industry

20. Number of children of this mother 3
(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 1
(c) Stillborn _____
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 7:01 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 _____ (Physician or midwife)

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

Filed 6/22, 1926 _____
Registrar _____
Registrar

686-615-275

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.

GENERAL INSTRUCTIONS WITH UNFOLDING—THIS IS A PERMANENT RECORD