

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

State File No. 3517  
 Registered No. 1776

**1. PLACE OF BIRTH**

County Maricopa State Arizona  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Phoenix No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

**2. Full name of child.**

ROUTE Post

{ 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 8-9-26  
Month Day Year

**8. FATHER**  
 Full name Albert William Post

**14. MOTHER**  
 Full maiden name Jessica Stevens

**9. Residence**  
 (Usual place of abode) Route 7 Box 107  
 If non-resident, give place and state. Phoenix

**15. Residence**  
 (Usual place of abode) Route 7 Box 107  
 If non-resident, give place and state. Phoenix

**10. Color or race**  
white

**11. Age at last birthday** 32 (Years)

**16. Color or race**  
white

**17. Age at last birthday** 34 (Years)

**12. Birthplace (city or place)** Ford  
 (State or country) ky.

**18. Birthplace (city or place)** Hasting  
 (State or country) England

**13. Occupation**  
 Nature of industry Disabled War Veteran

**19. Occupation**  
 Nature of industry Housewife

**20. Number of children of this mother** 2  
(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 0  
 (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 \_\_\_\_\_ at \_\_\_\_\_ 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 C. B. Palmer

Given name added from \_\_\_\_\_ Address \_\_\_\_\_  
 a supplemental report \_\_\_\_\_

Month, day, year \_\_\_\_\_ Filled 8/16/1926 [Signature]  
 Registrar Registrar

773-809-122

must be made for each, and the number of each in