

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

State File No. 338
 Registered No. 960

1. PLACE OF BIRTH

County Maricopa 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 Daniel Wood Nelson Day 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 5/15/28
Month Day Year

8. FATHER
 Full name Daniel Wood Nelson Day
 9. Residence (Usual place of abode) 2301 N. Elgin Rd - Phx
 If non-resident, give place and state.

14. MOTHER
 Full maiden name Alice Jane Deard
 15. Residence (Usual place of abode) _____
 If non-resident, give place and state. Ariz.

10. Color or race White
 11. Age at last birthday 23 (Years)

16. Color or race White
 17. Age at last birthday 21 (Years)

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

18. Birthplace (city or state) Chicago Ill.
 (State or country)

13. Occupation
 Nature of industry Plaster Contractor

19. Occupation
 Nature of industry H.W.

20. Number of children of this mother _____ } (a) Born alive and now living _____
 (Taken as of time of birth of child herein } (b) Born alive but now dead 0
 certified and including this child). } (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 alive at 3:15 P. m. on the date above stated.
(Born alive or stillborn)

Signature E. L. Halls

(Physician or midwife)

Given name added from a supplemental report _____
 Month, day, year _____
 Address _____
 Filed 6-2 1928, [Signature]
 Registrar. Registrar.

448-515-145

Child birth stated.