PLACE OF BIRTH

1. County of
District of
Town of
or
City of Phoenix

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 481
County Registrar No.
Local Registrar No. 1534

No. 1106 N. Mathews St. Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Joyce Eileen Burris (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 Sept 29 1928 (Month Day Year)

8. FATHER
Full name Malcom B. Burris
9. Residence (Usual place of abode) 1106 N. Mathews
If non-resident, give place and state.
10. Color or race: white
11. Age at last birthday 21 (Years)
12. Birthplace (city or place) Rock Springs
(State or country) Texas
13. Occupation Collector for the
Nature of industry Western Union T.

14. MOTHER
Full maiden name S. Louise Olvey
15. Residence (Usual place of abode) 1106 N. Mathews
If non-resident, give place and state.
16. Color or race: white
17. Age at last birthday 20 (Years)
18. Birthplace (city or place) Indianapolis
(State or country) Ind
19. Occupation Housework
Nature of industry

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

21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn.) at 1:00 P. m. 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 evidence of life after birth.

Signature W. W. Wilkinson (Physician or midwife)
Address 418 Goodrich Bldg Phoenix

Given name added from a supplemental report Month, day, year Filed, 19
Local Registrar.

Registrar Filed, 19
County Registrar.

186-929-218