

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

State File No. 264  
Registered No. 1634

1. PLACE OF BIRTH

County Maricopa State Arizona

District or Township \_\_\_\_\_ or Village \_\_\_\_\_

City Phoenix No. Brechan Maternity, 3707 2nd Central Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Loris Joan Herring } 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 1 5. No., in order of birth 1 6. Legitimate? Yes 7. Date of birth Dec 3-1928  
Month Day Year

8. FATHER Full name Merwin M. Herring

9. Residence (Usual place of abode) Phoenix,  
If non-resident, give place and state.

10. Color or race White 11. Age at last birthday 41 (Years)

12. Birthplace (city or place) Yolo County  
(State or country) California

13. Occupation Nature of industry Sales Manager

14. MOTHER Full maiden name Bessie M. Linklage

15. Residence (Usual place of abode) Phoenix  
If non-resident, give place and state.

16. Color or race White 17. Age at last birthday 42 (Years)

18. Birthplace (city or state) Tart Scott,  
(State or country) Kansas

19. Occupation Nature of industry Housewife

Number of children of this mother taken as of time of birth of child herein certified and including this child. 2 (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0 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 9:30 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 J. E. Drane  
(Physician or midwife)

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

Month, day, year \_\_\_\_\_ Filed \_\_\_\_\_, 19 \_\_\_\_\_

Registrar. \_\_\_\_\_ Registrar.

487-1203-245