

This form must be made for each, and the number of each in order of birth stated.

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

State File No. 682
Registered No. 4-D

1. PLACE OF BIRTH

County Yavapai State Arizona
District or Township _____ or Village _____
City Prescott No. _____ St. _____ Ward _____

2. Full name of child Genevieve Georgia Baker
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
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 ✓ 6. Legitimate? yes 7. Date of birth Jul 7-1929
5. No., in order of birth ✓ Month Day Year

8. FATHER
Full name Arthur George Baker
9. Residence Sunset Park
(Usual place of abode)
If non-resident, give place and state.

14. MOTHER
Full maiden name Ethel Beatrice Robinson
15. Residence Sunset Park
(Usual place of abode)
If non-resident, give place and state.

10. Color or race white 11. Age at last birthday 47 (Years)

16. Color or race white 17. Age at last birthday 32 (Years)

12. Birthplace (city or place) Mass
(State or country)

18. Birthplace (city or state) Wisconsin
(State or country)

13. Occupation Attorney at Law
Nature of industry

19. Occupation Housewife
Nature of industry

20. Number of children of this mother: (a) Born alive and now living 7
(Taken as of time of birth of child herein certified and including this child.) (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 7:05 p.m. on the date above stated.
(Born alive or stillborn)

Signature [Signature] (Physician or midwife)

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

Registrar. Harry F. Southworth Registrar.
Filed 11/7/29 1929

729-107-595