ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 316

Registered No. 374

1. PLACE OF BIRTH

County Maricopa State Ariz.

District or Township or Village

City Phoenix No. St. Josephs Hospital St. Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Billy Hall Ashinhurst { 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 March 6 1929 (Month Day Year)

8. FATHER

Full name Joel E. Ashinhurst

9. Residence (Usual place of abode) Glendale, Ariz

If non-resident, give place and state.

10. Color or race White | 11. Age at last birthday 46 (Years)

12. Birthplace (city or place) Burkesville (State or country) Ky.

13. Occupation Farmer. Nature of industry

14. MOTHER

Full maiden name Lorain Thrasher

15. Residence (Usual place of abode) Glendale, Ariz.

If non-resident, give place and state.

16. Color or race White | 17. Age at last birthday 36 (Years)

18. Birthplace (city or place) Burkesville (State or country) Ky.

19. Occupation House wife Nature of industry

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

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 (Born alive or stillborn.) at 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 [signature] (Physician or midwife).

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

Address 306 Goodrich Bldg.

Registrar

Filed , 19 [signature] Registrar

013-306-337