

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

State File No. 318
 Registered No. 334

1. PLACE OF BIRTH

County Maricopa State Arizona
 District or Township _____ or Village _____
 City Phoenix No. Home St. _____ Ward _____
 (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.

2. Full name of child _____

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 1 } 6. Legitimate? yes } 7. Date of birth March 6 1929
 Month Day Year

8. FATHER
 Full name James Gilbert
 9. Residence (Usual place of abode) 1248 N. Sherman
 If non-resident, give place and state.

14. MOTHER
 Full maiden name Mary Cherry
 15. Residence (Usual place of abode) 1248 N. Sherman
 If non-resident, give place and state.

10. Color or race col
 11. Age at last birthday 24 (Years)

16. Color or race col
 17. Age at last birthday 19 (Years)

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

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

13. Occupation Laborer
 Nature of industry

19. Occupation Housewife
 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 1 } 21. Were precautions taken against ophthalmia neonatorum. yes
 (b) Born alive but now dead none
 (c) Stillborn none

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 3 P m. on the date above stated.
 (Born alive or stillborn)

Signature W. C. Harkott
 (Physician or midwife)

Address 216 E. Washington St
 Month, day, year

Filed _____, 19____ Registrar [Signature]

013-246-161

order of birth stated.