

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN 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. 545
Registered No. 498

1. PLACE OF BIRTH
County Maverick State Arizona
District or Township Good Samaritan Hosp. or Village
City Phoenix No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Bartana Curtis { 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 3-30-29
Month Day Year

8. FATHER
Full name Willie Roy Curtis
9. Residence (Usual place of abode) 16 South 9th ave
If non-resident, give place and state. Phoenix Ariz

14. MOTHER
Full maiden name Effie Switzlow
15. Residence (Usual place of abode) 16 South 9th ave.
If non-resident, give place and state Phoenix Ariz.

10. Color or race white 11. Age at last birthday 40 (Years)

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

12. Birthplace (city or place) Cden
(State or country) Arizona

18. Birthplace (city or place) Woodruff
(State or country) Arizona.

13. Occupation Yardman
Nature of Industry

19. Occupation Housework.
Nature of Industry

20. Number of children of this mother 6 (Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 5
(b) Born alive but now dead _____
(c) Stillborn _____

21. Were precautions taken against ophthalmia neonatorum? _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was John Switzlow at 4:05 a.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 [Signature]
(Physician or midwife).

Given name added from a supplemental report _____ Address _____
Month, day, year _____ Filed _____, 19 _____
Registrar _____ Registrar

232-330-525