

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTHState File No. 703  
Registered No. 70-D

## 1. PLACE OF BIRTH

County Yavapai State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Prescott No. Mercy Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2. Full name of child Thomas Preston White { If child is not yet named, make supplemental report, as directed.3. Sex of Child  Male  Female To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 5. No., in order of birth \_\_\_\_\_ 6. Legitimate?  Yes  No 7. Date of birth May 7, 1929  
Month Day Year

8. FATHER		14. MOTHER	
Full name <u>Robert Benton White</u>		Full maiden name <u>Verena Rose Baumgartner</u>	
9. Residence (Usual place of abode) <u>Kirkland</u> If non-resident, give place and state.		15. Residence (Usual place of abode) <u>Kirkland</u> If non-resident, give place and state.	
10. Color or race <u>White</u>	11. Age at last birthday <u>32</u> (Years)	16. Color or race <u>White</u>	17. Age at last birthday <u>33</u> (Years)
12. Birthplace (city or place) _____ (State or country) <u>Mississippi</u>		18. Birthplace (city or place) <u>Huntington</u> (State or country) <u>Indiana</u>	
13. Occupation <u>Merchant</u> Nature of industry _____		19. Occupation <u>At home</u> Nature of industry _____	
20. Number of children of this mother _____ (Taken at time of birth of child as certified including _____)		21. Were precautions taken against ophthalmia neonatorum? <input checked="" type="checkbox"/> Yes	
(a) Born alive and now living <input checked="" type="checkbox"/>		(b) Born alive but now dead <input type="checkbox"/>	
(c) Stillborn <input type="checkbox"/>			

I hereby certify that I attended the birth of this child, who was born alive at 8:15 AM 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 A. Decker  
(Physician or midwife)Given name added from a supplemental report \_\_\_\_\_ Address Prescott, Arizona  
Month, day, year \_\_\_\_\_Filed 5-7-29 Harry F. Southworth  
Registrar

365-507-529