

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT REC  
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.

PLACE OF BIRTH

**ARIZONA STATE BOARD OF HEALTH**

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

1. County of Maricopa State Index No. \_\_\_\_\_  
 District of No 2 County Registrar No. \_\_\_\_\_  
 Town of Tempe Local Registrar No. 45  
 or \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 City of \_\_\_\_\_ (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Rona May Scudder (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 May 16-1909  
 5. No. in order of birth \_\_\_\_\_ Month day year

8. FATHER  
 Full name Benjamin S. Scudder  
 9. Residence (Usual place of abode) Tempe Arizona  
 If nonresident, give place and state \_\_\_\_\_  
 10. Color or race White  
 11. Age at last birthday 38 (Years)  
 12. Birthplace (city or place) Greenfield, Ind.  
 (State or country) \_\_\_\_\_  
 13. Occupation Teacher  
 Nature of industry \_\_\_\_\_

14. MOTHER  
 Full maiden name Rebecca Mugg  
 15. Residence (Usual place of abode) Tempe Ariz.  
 If nonresident, give place and state When child was born  
 16. Color or race White  
 17. Age at last birthday 55 (Years)  
 18. Birthplace (city or place) Carter, Indiana  
 (State or country) Howard County  
 19. Occupation Farmer's daughter & School teacher  
 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 4  
 (b) Born alive but now dead \_\_\_\_\_  
 (c) Stillborn \_\_\_\_\_

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 a. m. on the date above stated.  
 (Born alive or otherwise)

Signature B. B. Moeur  
 Address Tempe Arizona  
 Given name added from \_\_\_\_\_  
 a supplemental report \_\_\_\_\_ Month, day, year.

Filed 3-16-1924 Local Registrar.  
 County Registrar.