

Supplement Attached

PLACE OF BIRTH  
Maricopa

ARIZONA STATE BOARD OF HEALTH

1. County of.....

District of..... Buckeye.....

Town of..... Palo Verde Ariz ORIGINAL CERTIFICATE OF BIRTH

or

City of..... No..... St..... Ward.....  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

State Index No. 111

County Registrar No. 25

Local Registrar No.....

2. Full name of child Donald Eldred Armstrong  
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child To be answered ONLY } 4. Twin, triplet or other.....  
Boy In event of plural } 5. Legitimate? YES  
births. } 6. No., in order of birth.....  
7. Date of birth 4-1-32  
Month Day Year

8. FATHER  
Full name Joseph E Armstrong

14. MOTHER  
Full maiden name Edna Rust

9. Residence  
(Usual place of abode) Palo Verde Ariz  
If non-resident, give place and state.

15. Residence  
(Usual place of abode) Palo Verde Ariz  
If non-resident, give place and state.

10. Color or race W  
11. Age at last birthday 26 (Years)

16. Color or race W  
17. Age at last birthday 22 (Years)

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

18. Birthplace (city or place) N. Mex  
(State or country)

13. Occupation  
Nature of Industry Farmer

19. Occupation  
Nature of Industry House,

20. Number of children of this mother } (a) Born alive and now living 3  
(Taken as of time of birth of child herein } (b) Born alive but now dead 1  
certified and including this child.) } (c) Stillborn 0

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 ALIVE at 10:35 P.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.....  
(Physician or midwife)

Address..... Buckeye Ariz.

Given name added from a supplemental report..... Filed..... 19.....

Local Registrar.

Month, day, year..... Registrar..... Filed..... 19.....

County Registrar.

4-17-401-593

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD—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.