

ARIZONA STATE BOARD OF HEALTH

344

1. PLACE OF BIRTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. \_\_\_\_\_

Registered No. \_\_\_\_\_

County Maverick

State Arizona 2043

Township \_\_\_\_\_

or Village \_\_\_\_\_

City Phoenix

No. Good Samaritan Hospital Ward \_\_\_\_\_

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child

Janet Fletcher

If child is not yet named, make supplemental report, as directed

3. Sex

Female

If plural births

4. Twin, triplet or other

6. Premature

7. Legiti-

8. Date of birth

Dec 23, 1931  
(Month, day, year)

5. Number, in order of birth

Full term yes

mate? yes

9. Full name

FATHER

Leslie William Fletcher

18. Full maiden name

MOTHER

Irisma Dawson

10. Residence (usual place of abode)  
(If nonresident, give place and State) 30 W. 1st St. Mesa

19. Residence (usual place of abode)  
(If nonresident, give place and State) 30 W. 1st St. Mesa

11. Color or race wh.

12. Age at last birthday 33 (Years)

20. Color or race wh.

21. Age at last birthday 28 (Years)

13. Birthplace (city or place)

(State or country) British Columbia

22. Birthplace (city or place)

(State or country) Bascom Vista Colorado

OCCUPATION

14. Trade, profession or particular kind of work done, as printer, Sawyer, bookkeeper, etc. Banker

OCCUPATION

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_

16. Date (month and year) last engaged in this work

present, 19

17. Total time (years) spent in this work 16

25. Date (month and year) last engaged in this work

present, 19

26. Total time (years) spent in this work 8

27. Number of children of this mother

(At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation

months or weeks

29. Cause of stillbirth

Before labor

During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 7:42 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.)

(Signed) J. B. Sharp M. D.

or \_\_\_\_\_ Midwife

Address \_\_\_\_\_

Filed 1-7, 1932 Registrar.

Registrar.

Registrar.

169-1223-345