

1631

MARGIN RESERVED FOR BINDING
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.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Maricopa
District of No 2
Town of Tempe
or
City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. _____
County Registrar No. _____
Local Registrar No. 44

2. Full name of child Rebecca Lucile Scudder (If birth occurred in a hospital or institution, give its NAME instead of street and number)
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 Aug 19-1904
Month day year

8. FATHER
Full name Benjamin H. Scudder
Residence (Usual place of abode) Tempe Arizona
If nonresident, give place and state
Color or race white I was 33 when above child was born
Age at last birthday 54 (Years)
Birthplace (city or place) Greenfield, Ind
(State or country)
Occupation Teacher
Nature of industry

14. MOTHER
Full maiden name Rebecca Mugg
Residence (Usual place of abode) Tempe, Arizona
If nonresident, give place and state
Color or race white age 34 when this child was born
Age at last birthday 55 (Years)
Birthplace (city or place) Center, Howard Co
(State or country) Indiana
Occupation _____
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 3 (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 or stillborn) about at 11:30^{am} on the date above stated.

*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 evidences of life after birth.
Given name added from a supplemental report _____
Signature Chas H. Jones M.D.
Address Tempe Ariz
Filed 3-16-1926 1926
Local Registrar. _____
Registrar. _____ County Registrar. _____

929-814-9477

Father J.B.H. Scudder sign this

Dr. Jones was the attending Physician