

NAME ADDED BY SUPPLEMENT **ARIZONA STATE BOARD OF HEALTH**

State File No. 440-a
Registered No. 3229

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

1. PLACE OF BIRTH

County Maricopa State Arizona
District or Township _____ or Village _____
City Phoenix No. 1219 E. Pierce St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Shirley Ann Armstrong } 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 June 21-1930
Month Day Year

8. FATHER
Full name Joseph Eldred Armstrong
9. Residence (Usual place of abode) Phoenix
If non-resident, give place and state.

14. MOTHER
Full maiden name Edna Arvilla Rust
15. Residence (Usual place of abode) Phoenix
If non-resident, give place and state.

10. Color or race White
11. Age at last birthday 24 (Years)

16. Color or race White
17. Age at last birthday 20 (Years)

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

18. Birthplace (city or place) _____
(State or country) Mexico

13. Occupation Lawyer Telephone Co.
Nature of Industry

19. Occupation Housewife
Nature of Industry

20. Number of children of this mother 2 } (a) Born alive and now living 2
(Taken as of time of birth of child herein certified and including this child.) } (b) Born alive but now dead 0
(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 Born alive at 5:50 P.M. on the date above stated.
(Born alive or stillborn)

Signature [Signature]
(Physician or midwife.)

Address 16 E. Monroe St.
Given name added from a supplement report _____
Month, day, year _____

Filed 12-20-30 Registrar. [Signature]

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