ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. ....

Registered No. 50

1. PLACE OF BIRTH

County Maricopa   State ARIZONA

Township .... or Village ....

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

2. Full name of child Rebeca Ann Rust   { If child is not yet named, make supplemental report, as directed

3. Sex Female | If plural births | 4. Twin, triplets, or other .... | 6. Premature ...... | 7. Is mother married Yes | 8. Date of birth January 1, 1938 (Month, day, year)
5. Number, in order of birth .... | Full term ✓ |

9. FATHER Full name Lewis Alancin Rust | 18. MOTHER Full maiden name Isabel Elizabeth Laundrie

10. Residence (usual place of abode) (If non-resident, give place and State) Rt. 1 Bx 617 | 19. Residence (usual place of abode) (If non-resident, give place and State) Same

11. Color or race W | 12. Age at last birthday 38 (Years) | 20. Color or race W | 21. Age at last birthday 34 (Years)

13. Birthplace (city or place) (State or Country) Illinois | 22. Birthplace (city or place) Ft. Thomas (State or Country) Arizona

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic | 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. O'Connell Bros | 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 ...., 19.... | 17. Total time (years) spent in this work 8 yrs | 25. Date (month and year) last engaged in this work ...., 19.... | 26. Total time (years) spent in this work ....

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (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 11 22 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.

Given name added from a supplemental report 993-101-93 (Date of)

(Signed) ...., M. D.
or ...., Midwife
Address Phoenix
Filed 1-17-1938   James .... Registrar.

Registrar.

10M—7-20-37—Sims—Form 2—100% Rag