

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

State File No. 507  
 Registered No. 988

1. PLACE OF BIRTH  
 County Maricopa State Arizona  
 District or Township # or Village \_\_\_\_\_  
 City Phoenix No. 5216 Monroe St. \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child \_\_\_\_\_  
(If child is not yet named, make supplemental report, as directed)

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 6. Legitimate? yes  
 5. No., in order of birth \_\_\_\_\_ 7. Date of birth Aug 19-28  
Month Day Year

8. Full name of FATHER Joseph E. Armstrong  
 9. Residence (Usual place of abode) Phoenix Ariz  
If non-resident, give place and state  
 10. Color or race White  
 11. Age at last birthday 22 (Years)  
 12. Birthplace (city or place) Arizona  
(State or country)  
 13. Occupation Fruit Packer  
Nature of industry

14. Full maiden name of MOTHER Edna E. Rusch  
 15. Residence (Usual place of abode) Phoenix Ariz  
If non-resident, give place and state  
 16. Color or race White  
 17. Age at last birthday 21 (Years)  
 18. Birthplace (city or place) Mexico  
(State or country)  
 19. Occupation Housewife  
Nature of industry

20. Number of children of this mother 1  
(Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 1  
 (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 4:30 a.m. on the date above stated.  
(Born alive or stillborn)

Signature B. B. Moen  
Physician or midwife

Given name added from a supplemental report \_\_\_\_\_  
 Address Tempe Ariz  
 Month, day, year \_\_\_\_\_  
 Filled Aug 31, 1928 W. H. Buchanan  
Registrar

\* 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.

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.

017-819-578 Registrar