

## ARIZONA STATE BOARD OF HEALTH

State File No. 194BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTHRegistered No. 1839

## 1. PLACE OF BIRTH

County Maricopa State Arizona  
 Township \_\_\_\_\_ of Village \_\_\_\_\_  
 City Phoenix No. St. Joseph Hospital Ward \_\_\_\_\_  
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Loren Burton Edmund (If child is not yet named, make supplemental report, as directed)

3. Sex Male 4. Twin, triplet or other \_\_\_\_\_ 6. Premature \_\_\_\_\_ 7. Legitimate? Yes 8. Date of birth Nov 2, 1931  
 (If plural births) 5. Number, in order of birth \_\_\_\_\_ Full term? Yes (Month, day, year)

FATHER		MOTHER	
9. Full name <u>Loren Edmund</u>	10. Residence (usual place of abode) (If nonresident, give place and State) <u>1118 E. Monroe</u>	11. Full maiden name <u>Jeanne Cloud</u>	12. Residence (usual place of abode) (If nonresident, give place and State) <u>1118 E. Monroe</u>
13. Color or race <u>W.</u>	14. Age at last birthday <u>27</u> (Years)	15. Color or race <u>W.</u>	16. Age at last birthday <u>29</u> (Years)
17. Birthplace (city or place) (State or country) <u>Fosh, Ropley, Minnesota</u>	18. Birthplace (city or place) (State or country) <u>Springfield, Mo.</u>	19. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. <u>Taxi Driver</u>	20. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. <u>Housewife</u>
21. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____	22. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____	23. Date (month and year) last engaged in this work _____	24. Date (month and year) last engaged in this work _____
25. Total time (years) spent in this work _____	26. Total time (years) spent in this work _____	19 _____	19 _____

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 Alice at 4:20 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) Beuf Herzberg M. D.

Given name added from a supplemental report 354-1102-134  
 (Date of)

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

Address \_\_\_\_\_

Filled 11-20, 31 BB Remy  
 Registrar. Registrar.

THIS FORM MUST BE FILED IN THE OFFICE OF THE REGISTRAR OF VITAL STATISTICS IN ORDER OF BIRTH DATED.