

ARKANSAS STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

1. PLACE OF BIRTH		STATE OF ARKANSAS STATE BOARD OF HEALTH		Do Not Use This Space	
County of <u>Polk</u>		BUREAU OF VITAL STATISTICS		2392	
Township <u>Patterson</u>		Registration District No. <u>65-49</u>			
Inc. Town or City <u>Mena Ark</u>		Primary Registration Dist. No. <u>65-49</u>		File No. <u>123</u>	
(No. _____ St. _____ Ward _____) (If birth occurred in a hospital or institution, give its NAME instead of street and number)					
2. Full name of child <u>Marie Ann Sunderman</u> { If child is not yet named, make supplemental report, as directed					
3. Sex <u>Female</u>	If plural births <input type="checkbox"/>	4. Twin, triplet or other <input checked="" type="checkbox"/>	6. Premature <input checked="" type="checkbox"/>	7. Legitimate <input checked="" type="checkbox"/>	8. Date of birth <u>8-21</u> , 19 <u>38</u>
		5. Number, in order of birth <u>1</u>	Full term <u>yes</u>		(Month, day, year)
9. Full Name <u>Walter Charles Sunderman</u> FATHER			15. Full Maiden Name <u>Badie Marie Henderson</u> MOTHER		
10. Residence (usual place of abode) <u>Mena Ark</u>			19. Residence (usual place of abode) <u>Mena Ark</u>		
11. Color <u>White</u>			20. Color <u>White</u>		
12. Age at last birthday <u>19</u> years			21. Age at last birthday <u>17</u> years		
13. Birthplace (city or place) <u>Mena Ark</u>			22. Birthplace (city or place) <u>Mansville Ark</u>		
OCCUPATION	14. Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Janitor at Bank</u>		23. Trade, profession or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>House wife</u>		
	15. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <input checked="" type="checkbox"/>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <input checked="" type="checkbox"/>		
	16. Date (month and year) last engaged in this work <u>19</u>	17. Total time (years) spent in this work <input checked="" type="checkbox"/>	25. Date (month and year) last engaged in this work <u>19</u>	26. Total time (years) spent in this work <input checked="" type="checkbox"/>	
27. Number of children of this mother (at time of this birth and including this child) <u>1</u>		(a) How many children Born alive and now living <u>1</u>		(b) How many children Born alive and now dead <u>0</u>	
28. If stillborn, period of gestation <u>1</u> month or weeks		29. Cause of stillbirth <u>None</u>		Before labor <input checked="" type="checkbox"/> During labor <input checked="" type="checkbox"/>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
I hereby certify that I attended the birth of this child, who was <u>Alive</u> at <u>1</u> p.m. on the date above stated					
When there was no attending physician or midwife, then the father, householder, etc., should make this return.			(Born alive or stillborn)		
Given name added from a supplemental report _____ (Date of) _____			(Signed) <u>M. G. Mesby</u> , M. D., or _____, Midwife or Parent		
Registrar _____			Address <u>Mena Ark</u> Filed <u>9-3</u> , 19 <u>38</u> <u>Mrs. Martha A. Rogers</u> , Registrar		
30. Did you use a one per cent silver nitrate solution in the infant's eyes immediately after its birth? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					

THIS IS TO CERTIFY, That the above is a full, true and correct copy of the original certificate which is on file in this office and of which I am legal custodian. IN TESTIMONY WHEREOF, witness my hand and seal of office at Little Rock, Arkansas.

June 10, 1970

J. T. Herron, M.D.
State Registrar.