

N. D. - 1-1-4
SEP - 1-1-4
order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila
District of _____
Town of Miami
or _____
City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 186
County Registrar No. 22
Local Registrar No. _____
St. _____ Ward _____

2. Full name of child Pauline Della Womelduff
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
{ 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 _____ 6. Legitimate? yes
5. No., in order of birth _____ 7. Date of birth January 23 1927
Month Day Year

8. FATHER
Full name Neil Hughey Womelduff
9. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.

14. MOTHER
Full maiden name Violet May Bogart
15. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.

10. Color or race White
11. Age at last birthday 33 (Years)

16. Color or race white
17. Age at last birthday 24 (Years)

12. Birthplace (city or place) _____
(State or country) Illinois

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

13. Occupation Auto mechanic
Nature of industry _____

19. Occupation Housewife
Nature of industry _____

20. Number of children of this mother (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 alive at 9:45 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. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature J. J. Franklin
Address Miami, Arizona
(Physician or midwife)

Given name added from a supplemental report. Month, day, year _____
Filed Feb 5 1927 Local Registrar O. E. Drinn
Registrar _____ Filed _____, 19____ County Registrar _____

766-123-523