

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of CochiseDistrict of St. DavidTown of St. David

or

City of _____ No. _____ (If birth occurred in a hospital or institution, give its NAME instead of street and number)

St. _____ Ward _____

If child is not yet named, make supplemental report, as directed.

2. Full name of child Pearl Wilson3. Sex of Child Female
To be answered ONLY in event of plural births.

4. Twin, triplet or other _____

6. Legitimate? Yes7. Date of birth March 25 1927
Month Day Year

5. No., in order of birth _____

8. FATHER
Full name Arthur Wilson9. Residence (Usual place of abode) St. David
If non-resident, give place and state.10. Color or race White11. Age at last birthday 22 (Years)
12. Birthplace (city or place) St. David
(State or country) Arizona13. Occupation
Nature of industry Farmer14. MOTHER
Full maiden name Marie Lopez15. Residence (Usual place of abode) St. David
If non-resident, give place and state.16. Color or race White17. Age at last birthday 22 (Years)
18. Birthplace (city or place) Colonia Yaukey
(State or country) Mexico19. Occupation
Nature of industry Housewife20. Number of children of this mother taken as of time of birth of child herein certified and including this child. One
(a) Born alive and now living one
(b) Born alive but now dead _____
(c) Stillborn _____21. Were precautions taken against ophthalmia neonatorum? YesI hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn.) at 10 45 m. on the date above stated*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.
When name added from supplemental report.Signature J. W. Montoya (Physician or midwife)Address Benson ArizonaFiled March 25 1927 J. W. Christensen Local Registrar.

Filed _____, 19____ County Registrar.

Registrar

765-325-439