ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 120
County Registrar No.
Local Registrar No. 105

PLACE OF BIRTH
1. County of Gila
District of
Town of Miami
or
City of ..... No. ..... St. ..... Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Lillian Fae Jennings { 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 ..... 5. No., in order of birth ..... | 6. Legitimate? yes | 7. Date of birth Mch. 6 - 1927 (Month Day Year)

FATHER

8. Full name Alfred Laurence Jennings
9. Residence (Usual place of abode) Miami.
If non-resident, give place and state. Arizona
10. Color or race Panc.
11. Age at last birthday 23 (Years)
12. Birthplace (city or place) Managrum,
(State or country) Okla.
13. Occupation
Nature of industry Millman

MOTHER

14. Full maiden name Leila Pearl Wahlin
15 Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona
16 Color or race Panc
17. Age at last birthday 21 (Years)
18. Birthplace (city or place) Colonia Dublan
(State or country) Chih. Mex.
19. Occupation
Nature of industry Housewife

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 ..... (c) Stillborn .....
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 (Born alive or stillborn.) at 12 m. on the date above stated

* When there is no attending physician or midwife, 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 Cyril M. Crow M.D. (Physician or ~~midwife~~).
Address Miami, Arizona.

Given name added from a supplemental report ..... Month, day, year
Registrar

Filed Mch 28, 1927 C. E. Jones Local Registrar.

Filed ....., 19.... County Registrar.

312 - 306 - 365