

In order of birth stated.

PLACE OF BIRTH

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

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 159
County Registrar No. 181
Local Registrar No. _____

2. Full name of child J. B. Wozencraft
3. Sex of Child male
4. Legitimate? yes
5. No., in order of birth 1st
6. Legitimate? yes
7. Date of birth April 15-1927
Month day year

8. FATHER
Full name Henry G. Wozencraft
9. Residence (Usual place of abode) Miami, Ariz.
If nonresident, give place and state
10. Color or race Cauc.
11. Age at last birthday 29 (Years)
12. Birthplace (city or place) Fort Worth Texas
(State or country)
13. Occupation Mechanic
Nature of industry Mining

14. MOTHER
Full maiden name Rachel P. Stringer
15. Residence (Usual place of abode) Miami, Arizona.
If nonresident, give place and state
16. Color or race Cauc.
17. Age at last birthday 25 (Years)
18. Birthplace (city or place) Little Rock Ark.
(State or country)
19. Occupation Housewife
Nature of industry

20. Number of children of this mother
(a) Born alive and now living 2
(b) Born alive but now dead none
(c) Stillborn none
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 alive at 3-0 a.m. on the date above stated.
(Born alive or stillborn.)

Signature Cyril M. Brown, M.D.
(Physician or midwife)
Address Miami, Arizona
Filed May 11, 1927
Local Registrar.

Registrar. _____ Filed _____ 19____ County Registrar.

163-415-929