

In order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS ORIGINAL CERTIFICATE OF BIRTH

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

State Index No. 160
County Registrar No. 182
Local Registrar No. _____
St. _____ Ward _____

2. Full name of child Norma Lee Wozencraft
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. Legitimate? yes 7. Date of birth Apr. 15-1927 (If child is not yet named, make supplemental report, as directed.)

8. FATHER Full name Henry G. Wozencraft
9. Residence (Usual place of abode) Miami, Arizona
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 R. 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 (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 3 (b) Born alive but now dead none (c) Stillborn none
21. Were precautions taken against Yes ophthalmia neonatorum?

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn.) at 3-0 a.m. on the date above stated.

Signature Cyril M. Brown, M.D. (Physician or midwife)
Address Miami, Arizona

Given name added from supplemental report _____
Month, day, year. Filed May 11, 1927 W. O. Dwyer Local Registrar.

Registrar. _____ Filed _____ 19 _____ County Registrar.

563-415-929