

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 AGAIN RESERVE FOR BUILDING A SEPARATE RETURN must be made for each, and the number of each in order of birth stated.
 N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH

PLACE OF BIRTH
 1. County of Gila
 District of Geob
 Town of _____
 or _____
 City of Geob
 BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH
 State Index No. 126
 County Registrar No. _____
 Local Registrar No. _____
 No. Indian Camp near Troy Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)
 2. Full name of child Winnie Wiley (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 5 2 27
 Month Day Year

8. FATHER
 Full name Calvin Wiley
 9. Residence (Usual place of abode) Geob
 If non-resident, give place and state. Ariz
 10. Color or race 1/4 Indian
 11. Age at last birthday 23 (Years)
 12. Birthplace (city or place) Prakas
 (State or country) Ariz
 13. Occupation Copper Miner
 Nature of industry Ariz

14. MOTHER
 Full maiden name Nettie Bullis
 15. Residence (Usual place of abode) Geob
 If non-resident, give place and state. Ariz
 16. Color or race 1/4 Indian
 17. Age at last birthday 24 (Years)
 18. Birthplace (city or place) San Carlos
 (State or country) Ariz
 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 2
 (b) Born alive but now dead 1
 (c) Stillborn 0
 21. Were precautions taken against ophthalmia neonatorum? no

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
 I hereby certify that I Refused attended the birth of this child, who was born alive at 8 A 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 R. H. Sawyer M.D. (Physician or midwife.)
 Address San Carlos Ariz
 Given name added from _____ Filed _____ 19____
 a supplemental report _____ Local Registrar.
 Registrar _____ Filed _____ 19____
 County Registrar.

668-502-522