ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 143

Registered No. 249

1. PLACE OF BIRTH

County Gila State Arizona

District or Township ..... or Village .....

City Miami No. Miami-Insp. Hospital St. ..... Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Wilma Grace Anderson { 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 June 9 - 1927. Month Day Year

8. FATHER

Full name Elmer Lee Anderson

9. Residence (Usual place of abode) Miami

If non-resident, give place and state. Arizona

10. Color or race Cauc. | 11. Age at last birthday 19 (Years)

12. Birthplace (city or place) Silver City.

(State or country) New Mex.

13. Occupation Tin smith

Nature of industry Mining

14. MOTHER

Full maiden name Christie Jewel Webb

15 Residence (Usual place of abode) Miami.

If non-resident, give place and state. Arizona

16 Color or race Cauc | 17. Age at last birthday 17 (Years)

18. Birthplace (city or place) Van Horn

(State or country) Texas

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 alive at 9 30 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 Cyril M. Cron M.D.

Physician (Physician ~~or midwife~~).

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

Address Miami, Arizona

615 - 609 - 362 Registrar

Filed June 15 1927 C. E. Trim Registrar

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.