Supplement Attached

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

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

State Index No. 145
Co. Registrar No.
Local Registrar No.

2. Full name of child Billie May Acton — If child is not yet named, make supplemental report, as directed

3. Sex of child F — 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 6/11/27 (Month, day, year)

FATHER	MOTHER
8. Full name William Jennings Acton	14. Full maiden name Mabel Sarah Carner
9. Residence (Usual place of abode) If nonresident, give place and State Winkelman	15. Residence (Usual place of abode) If nonresident, give place and State Winkelman
10. Color or race W. 11. Age at last birthday 17 (Years)	16. Color or race W. 17. Age at last birthday 19 (Years)
12. Birthplace (city or place) (State or country) Ariz.	18. Birthplace (city or place) (State or country) Ariz.
13. Occupation Nature of industry Mechanic	19. Occupation Nature of industry H. W.

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 0 (c) Stillborn 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 12 30 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 Fritz R. Winslow (Physician or midwife)

Address Hayden Ariz.

Name added from supplemental report (Month, day, year)

Filed June 15, 1927 P. G. Hutton Local Registrar.

215-611-435 Registrar.

Filed , 19 County Registrar.