ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 158

Registered No. 289

1. PLACE OF BIRTH

County: Gila State: Arizona

District or Township: Wheatfield or Village:

City: P.O. No. General Delivery, Claypool, Ariz. St., Ward

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

2. Full name of child: James Van Windle (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child: Male

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: July (Month) 10 (Day) 1927 (Year)

FATHER

8. Full name: James Van Windle

9. Residence (Usual place of abode): Wheatfield

~~If non-resident, give place and state.~~ (near Miami)

10. Color or race: White

11. Age at last birthday: 40 (Years)

12. Birthplace (city or place) (State or country): Texas

13. Occupation: Cattleman

Nature of industry:

MOTHER

14. Full maiden name: Ella Jane Hines

15. Residence (Usual place of abode): Wheatfield

~~If non-resident, give place and state.~~ (near Miami)

16. Color or race: White

17. Age at last birthday: 36 (Years)

18. Birthplace (city or place) (State or country): New Mexico

19. Occupation: Housewife

Nature of industry:

20. Number of children of this mother: 9 (Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living: 7

(b) Born alive but now dead: 2

(c) Stillborn: 0

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 alive (Born alive ~~or stillborn~~) at 5:30 P m. on the date above stated

*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: F. F. Miller

MD

(Physician ~~or midwife~~).

Address: Miami, Arizona

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

155 - 710 - 5 62 Filed July 10, 1927 C. E. Dorr

Registrar 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.

THIS IS A PERMANENT RECORD