

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 160
Registered No. 470

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village J.P.O. Gen. Wel.
City Miami No. 1 Reynolds Canon St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Wade Oscar Thurlo (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 Oct. 25-1927
Month Day Year

8. FATHER
Full name Wade Thurlo
9. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state. Arizona
10. Color or race Cauc.
11. Age at last birthday 32 (Years)
12. Birthplace (city or place) Duncan Okla.
(State or country)
13. Occupation
Nature of industry Miner

14. MOTHER
Full maiden name Oswal Beeman
15. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state. Arizona
16. Color or race Cauc.
17. Age at last birthday 18 (Years)
18. Birthplace (city or place) Fort Sumner New Mex.
(State or country)
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 6:40 P. m. on the date above stated
(Born alive or stillborn)
Signature Elyse M. Brown M.D.
Physician
(Physician or midwife)
Address Miami, Arizona
Filed Nov 11, 1927
Registrar

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

636-1025-625