

PLACE OF BIRTH

## ARIZONA STATE BOARD OF HEALTH

202  
1571. County of Yuma

District of \_\_\_\_\_

Town of \_\_\_\_\_

or

City of Pappon No. \_\_\_\_\_BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. \_\_\_\_\_

County Registrar No. \_\_\_\_\_

Local Registrar No. \_\_\_\_\_

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

2. Full name of child Billy Bert Cook

(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child

To be answered ONLY  
in event of plural  
births.Male

4. Twin, triplet or other \_\_\_\_\_

5. No., in order of birth 1

6. Legitimate?

Yes

7. Date

of birth

1 14 1930  
Month Day Year

8.

FATHER

Full name

Gus Cook

14.

MOTHER

Full maiden name

Lillie Francis Wesley

9. Residence

(Usual place of abode)

Pappon Ariz

If non-resident, give place and state.

15. Residence

(Usual place of abode)

Pappon Ariz

If non-resident, give place and state.

10. Color or race

W11. Age at last birthday 51 (Years)

16. Color or race

W17. Age at last birthday 26 (Years)

12. Birthplace (city or place)

(State or country)

Indiana

18. Birthplace (city or place)

(State or country)

Alabama

13. Occupation

Nature of industry

Advertising

19. Occupation

Nature of industry

HW

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

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 2 noon m. on the date above stated

(Born alive or stillborn.)

Signature

C. P. Riner

(Physician or midwife).

Address

Pappon Ariz

\* 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

Filed

19

Month, day, year

Local Registrar.

Registrar

Filed

19

County Registrar.

232-114-368