

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 180
 Registered No. 49

1. PLACE OF BIRTH
 County Gila State Ariz
 District or Township Globe or Village _____
 City Globe No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Wilson Weaver Bailey
If child is not yet named, make supplemental report, as directed.

3. Sex of Child my To be answered ONLY in event of plural births.
 4. Twin, triplet or other X
 5. No., in order of birth _____
 6. Legitimate? Yes
 7. Date of birth 3 19 30
 Month Day Year

8. FATHER
 Full name William Bailey
 9. Residence (Usual place of abode) 781 1/2 Sutherland Globe
 If non-resident, give place and state.

14. MOTHER
 Full maiden name Hazel Weaver
 15. Residence (Usual place of abode) 781 1/2 Sutherland Globe
 If non-resident, give place and state.

10. Color or race White
 11. Age at last birthday 24 (Years)

16. Color or race white
 17. Age at last birthday 24 (Years)

12. Birthplace (city or place) Globe Ariz
 (State or country)

18. Birthplace (city or place) Los Angeles Cal
 (State or country)

13. Occupation Truck Driver
 Nature of industry

19. Occupation Housewife
 Nature of Industry

20. Number of children of this mother One
(Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living one
 (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 _____ at 6:30 A.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 Clorence Guntter
Globe Ariz
 (Physician or Midwife)

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

Address _____
 Filed 4/18 19 30 by E. Wightman
 Registrar

628-319-869

* A SEPARATE REPORT MUST BE MADE FOR EACH, FROM THE INSTANT OF ORDER OF BIRTH STATE.

* IN CASE OF MUMS DEATH OR