

and the number of such in order of birth stated.

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

State File No. 219
Registered No. 126

1. PLACE OF BIRTH

County Gila State Arizona
District or Township Heale or Village _____
City Central Heights No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Wilma Harriet Whiteley { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 6. Legitimate? yes
5. No., in order of birth _____ 7. Date of birth June 28, 1930
Month Day Year

8. FATHER
Full name Wesley Whiteley

14. MOTHER
Full maiden name Hazel Gladys Harris

9. Residence (Usual place of abode) Central Heights
If non-resident, give place and state. Heale Ariz

15. Residence (Usual place of abode) Central Heights
If non-resident, give place and state. Ariz.

10. Color or race White 11. Age at last birthday 32 (Years)

16. Color or race White 17. Age at last birthday 30 (Years)

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

18. Birthplace (city or place) Trinidad
(State or country) Colo.

13. Occupation
Nature of Industry Blacksmith

19. Occupation
Nature of Industry Housewife

20. Number of children of this mother 4 } (a) Born alive and now living 4
(Taken as of time of birth of child herein } (b) Born alive but now dead 0
certified and including this child.) } (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 at 12:35 a. 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 C. W. Adams
Physician
(Physician or midwife.)

Given name added from a supplemental report _____
Month, day, year _____
Address Box 636 Heale, Ariz

Filed 7/9 1930 H. E. Wightman Registrar

668-678-882