

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 777
Registered No. 125-E

1. PLACE OF BIRTH

County Yavapai State Arizona

District or Township _____ or Village _____

City Prescott No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Louise Ruby Wilson } 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	7. Date of birth July 24, 1930 Month Day Year
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8. FATHER
Full name Harry Wilson

9. Residence Skull Valley
(Usual place of abode)
If non-resident, give place and state.

10. Color or race White

11. Age at last birthday 29 (Years)

12. Birthplace (city or place) _____
(State or country)

13. Occupation Auto Mechanic
Nature of Industry

14. MOTHER
Full maiden name Ruby Russell

15. Residence Skull Valley
(Usual place of abode)
If non-resident, give place and state.

16. Color or race White

17. Age at last birthday 28 (Years)

18. Birthplace (city or place) Skull Valley
(State or country) Arizona.

19. Occupation At Home
Nature of Industry

20. Number of children of this mother. <u>1</u> (Taken as of time of birth of child herein certified and including this child.)	(a) Born alive and now living. <u>1</u>	21. Were precautions taken against ophthalmia neonatorum? Yes
	(b) Born alive but now dead. <u>0</u>	
	(c) Stillborn. <u>0</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 8:10 P.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 H. Southworth Physician
(Physician or midwife.)

Given name added from a supplemental report _____
Month, day, year _____ Address Prescott, Arizona

Registrar. _____ Filed 7/29/30 H. Southworth Registrar

365-724-993