

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

State File No. _____
Registered No. 554

1. PLACE OF BIRTH

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

2. Full name of child

Wallis Des Billington

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

3. Sex of Child M. To be answered ONLY In event of plural births. 4. Twin, triplet or other yes 5. Legitimate? yes 6. Date of birth 9 15 30
Month Day Year

8. FATHER
Full name Sidney Morris Billington

14. MOTHER
Full maiden name Laura Vera Wallace

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

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

10. Color or race W. Am 11. Age at last birthday 30 (Years)

16. Color or race W. Am 17. Age at last birthday 28 (Years)

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

18. Birthplace (city or place) Tex
(State or country)

13. Occupation
Nature of industry Miner

19. Occupation
Nature of industry H.W.

20. Number of children of this mother 1
(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 _____ at 4:40 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 [Signature]

Address Miami Ariz
(Physician or midwife)

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

Filed Oct 8, 1930 G. E. Downing
Registrar

Registrar

625-915-365

IN ALL CASES OF INFANTS UNDER ONE YEAR OF AGE, A SEPARATE RETURN MUST BE MADE FOR EACH, AND THE NUMBER OF EACH IN ORDER OF BIRTH STATED.