

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

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

State File No. 202
Registered No. 212

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

2. Full name of child John Alfred Wilkins { If child is not yet named, make supplemental report, as directed.
3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? Yes 7. Date of birth Oct. 31, 1930
Month Day Year

8. FATHER
Full name Alfred Wilkins
9. Residence (Usual place of abode) Globe Ariz
If non-resident, give place and state _____
10. Color or race White
11. Age at last birthday 43 (Years)
12. Birthplace (city or place) England
(State or country) _____
13. Occupation
Nature of industry Mine foreman

14. MOTHER
Full maiden name Caroline Letitia Lerrick
15. Residence (Usual place of abode) Globe Ariz
If non-resident, give place and state _____
16. Color or race White
17. Age at last birthday 39 (Years)
18. Birthplace (city or place) Crissleville Ill.
(State or country) _____
19. Occupation
Nature of industry Housewife

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 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 alive at 2:20 p. m. on the date above stated.
(Born alive or stillborn.)
Signature C. W. Adams Physician or Midwife.
Address Box 636 Globe Ariz
Given name added from a supplemental report _____ Month, day, year _____
Filed 11/9 1930 H. E. Wightman Registrar

162-1031-332