

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

175

1. County of MaricopaDistrict of 1stTown of Pine

or

City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. _____

County Registrar No. _____

Local Registrar No. 192. Full name of child Walter Willis Patterson (If birth occurred in a hospital or institution, give its NAME instead of street and number) { 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 5 6. Legitimate? yes 7. Date of birth Dec 22 1936 Month Day Year8. FATHER
Full name Edwin W Patterson14. MOTHER
Full maiden name Edith Edith McCallister9. Residence (Usual place of abode)
If non-resident, give place and state. Pine Ariz15. Residence (Usual place of abode)
If non-resident, give place and state. Pine10. Color or race White 11. Age at last birthday 33 (Years)16. Color or race _____ 17. Age at last birthday 29 (Years)12. Birthplace (city or place) Maricopa
(State or country) Arizona18. Birthplace (city or place) Pine Arizona
(State or country)13. Occupation
Nature of industry Truck Driver19. Occupation
Nature of industry Housewife20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 3 (b) Born alive but now dead 2 (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 13 (Born alive or stillborn) at 4:15 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 Kathleen McCallister (Physician or midwife)Address Pine ArizonaGiven name added from a supplemental report _____ Filed Jan 3 1937 Frank C Randall Local Registrar.Month, day, year
Frank C Randall Registrar

Filed _____ 19 _____ County Registrar

475-1222-546