# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 144

Registered No. 85

1. PLACE OF BIRTH

County Gila State Arizona

Township ..... or Village .....

City Hayden No. ..... St. ..... Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Marcella Marianne Wynn (If child is not yet named, make supplemental report, as directed)

3. Sex Female | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth Jan 8, 1931 (Month, day, year)

FATHER

9. Full name Calvin B. Wynn

10. Residence (usual place of abode) (If nonresident, give place and State) Hayden Ariz

11. Color or race White | 12. Age at last birthday 33 (Years)

13. Birthplace (city or place) (State or country) Florida

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Power House

16. Date (month and year) last engaged in this work Jan 8, 1931 | 17. Total time (years) spent in this work 1

MOTHER

18. Full maiden name Edith Bertland

19. Residence (usual place of abode) (If nonresident, give place and State) Hayden

20. Color or race White | 21. Age at last birthday 20 (Years)

22. Birthplace (city or place) Cuemavaca (State or country) Morales, Mexico

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work 2

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead ✓ (c) Stillborn ✓

28. If stillborn, period of gestation ..... months or weeks | 29. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~) at 9:00 p.m. on the date above stated

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

(Signed) Charles B. Hughes M.D., M.D.

or ....., Midwife

Address Hayden, Ariz

Given name added from a supplemental report ..... (Date of)

Filed Jan 10, 1931 W. B. Nash Registrar.

465-108-524 Registrar.

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.