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. 161

Registered No. 9

1. PLACE OF BIRTH

County Gila State Ariz.

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

City Globe No. 239 E Oak St. ..... Ward

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

2. Full name of child Wilfrid Allen Farewell (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 Jan 16 1931 (Month Day Year)

8. FATHER

Full name George Elmer Farewell

9. Residence (Usual place of abode) Globe

If non-resident, give place and state.

10. Color or race White | 11. Age at last birthday 26 (Years)

12. Birthplace (city or place) Spokane Wash (State or country)

13. Occupation Nature of Industry Boiler maker

14. MOTHER

Full maiden name Rachel M Hall

15. Residence (Usual place of abode) Globe.

If non-resident, give place and state.

16. Color or race White | 17. Age at last birthday 23 (Years)

18. Birthplace (city or place) Wheelock Vermont (State or country)

19. Occupation Nature of Industry Housewife.

20. Number of children of this mother 2 (Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 2
(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 (Born alive or stillborn.) at 1 p 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 C Gunter

(Physician or ~~Midwife~~)

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

Address Globe.

Filed 2/9, 1931 G. E. Wightman M.D. Registrar

Registrar

663-116-983