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. 49

Registered No.

1. PLACE OF BIRTH

County Cochise State

District or Township or Village

City Willcox No. St. Ward

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

2. Full name of child John Page. (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? | 7. Date of birth May 6, 1933 (Month Day Year)

8. FATHER

Full name Leonard Page

9. Residence (Usual place of abode)

If non-resident, give place and state. Willcox

10. Color or race White | 11. Age at last birthday about 55 (Years)

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

13. Occupation Nature of Industry Laborer.

14. MOTHER

Full maiden name Maria Rosaura Gonzalez

15. Residence (Usual place of abode)

If non-resident, give place and state. Willcox

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

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

19. Occupation Nature of Industry House work

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 (Born alive or stillborn.) at 6:30 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 B. E. Briscoe (Physician or midwife).

Address Willcox Arizona

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

Filed 6/9/33 19 J. B. Wilson Registrar

Registrar

175-506-479