MARGIN RESERVED FOR BINDING

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. 96

Registered No. 60

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 Kenneth Arlen Wheeler — 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 July 11 1933 (Month Day Year)

8. FATHER

Full name Lynn Onyx Wheeler

9. Residence (Usual place of abode) Miami

If non-resident, give place and state. Ariz.

10. Color or race White

11. Age at last birthday 35 (Years)

12. Birthplace (city or place) Battle Creek

(State or country) Mich.

13. Occupation

Nature of industry Postal Clerk

14. MOTHER

Full maiden name Isabelle Sarah Atkinson

15. Residence (Usual place of abode) Miami

If non-resident, give place and state. Ariz.

16. Color or race White

17. Age at last birthday 31 (Years)

18. Birthplace (city or place) Stella

(State or country) Mo.

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 (Born alive or stillborn) at 3:11 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 Wadsworth

Physician (Physician or midwife)

Given name added from a supplemental report

Month, day, year

Address Box 636 - Globe, Ariz.

Filed 8/1 1933 F. E. Wyckoff Sr. Registrar

Registrar

269-711-915