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
ORIGINAL CERTIFICATE OF BIRTH

112

State Index No. _____
County Registrar No. _____
Local Registrar No. 40

PLACE OF BIRTH
1. County of Gila
District of Mo 12
Town of Pine
or
City of _____ No. _____ St. _____ Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Willie Vitet Woods — If child is not yet named, make supplemental report, as directed.

3. Sex of Child Fe — To be answered ONLY in event of plural births. 1
4. Twin, triplet or other _____
5. No., in order of birth 1
6. Legitimate? Yes
7. Date of birth Nov 14 33 (Month Day Year)

8. FATHER
Full name Roger W Woods
9. Residence (Usual place of abode) Pine
If non-resident, give place and state. Ariz
10. Color or race W
11. Age at last birthday 15 (Years)
12. Birthplace (city or place) Farmerville
(State or country) Texas
13. Occupation
Nature of Industry Labor

14. MOTHER
Full maiden name Eva White
15. Residence (Usual place of abode) Pine
If non-resident, give place and state. Ariz
16. Color or race W
17. Age at last birthday 17 (Years)
18. Birthplace (city or place)
(State or country) Montgomery Ala
19. Occupation
Nature of Industry Housewife

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) 1
(a) Born alive and now living Yes
(b) Born alive but now dead None
(c) Stillborn None
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 14th 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 Geo H Lasburge MD (Physician or midwife).
Address Payson

Given name added from a supplemental report _____ (Month, day, year)
Filed Nov 20 1933 Frank C Randall Local Registrar.
Frank C Randall Registrar
Filed _____, 19__ _____ County Registrar

H62-1114-368