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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. _____

Registered No. 107

1. PLACE OF BIRTH

County Gila State Arizona

District or Township _____ or Village _____

City Globe No. _____ St. _____ Ward

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

2. Full name of child Jimmie Laman Wills [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 12-7-1933 (Month Day Year)

8. FATHER

Full name Forest Edward Wills

9. Residence (Usual place of abode) Globe, Ariz.

If non-resident, give place and state.

10. Color or race white | 11. Age at last birthday 21 (Years)

12. Birthplace (city or place) Clarkdale Arizona (State or country)

13. Occupation Laborer

Nature of industry

14. MOTHER

Full maiden name Amy Ruth Laman

15. Residence (Usual place of abode) Globe, Ariz.

If non-resident, give place and state.

16. Color or race white | 17. Age at last birthday 20 (Years)

18. Birthplace (city or place) Pinor, Ariz (State or country)

19. Occupation Housewife

Nature of industry

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 1 (b) Born alive but now dead 1 (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 at 2:40 P.m. on the date above stated. (Born alive or stillborn)

* 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 T. C. Harper

Physician (Physician or midwife).

Address Globe, Ariz.

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

File DEC 28 1933 19 Hasen L. Sayre Registrar

_____ Registrar

162-1207-135

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.