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.

NAME ADDED BY SUPPLEMENT

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 16

Registered No.

1. PLACE OF BIRTH

County Apache State

District or Township or Village

City No. St. Ward

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

2. Full name of child Eldon Glenn Wilkins (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child M | 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 Sep 12 1934 (Month Day Year)

8. FATHER

Full name Ernest Glenn Wilkins

9. Residence (Usual place of abode) Nutrioso

If non-resident, give place and state.

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

12. Birthplace (city or place) Nutrioso

(State or country) Arizona

13. Occupation

Nature of industry Teacher

14. MOTHER

Full maiden name Mary Alice Eagar

15. Residence (Usual place of abode) Nutrioso

If non-resident, give place and state. Arizona

16. Color or race W | 17. Age at last birthday 19 (Years)

18. Birthplace (city or state) Eagar

(State or country) Arizona

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 1

(b) Born alive but now dead

(c) Stillborn

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 (Born alive or stillborn) at 11 20 a.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 Mrs W F Lesueur

Nurse

~~(Physician or midwife)~~

Given name added from a supplemental report

Month, day, year

Address Eagar Arizona

Registrar.

Filed 9-10, 1934 Mrs H. H. Foster

Registrar.

562-912-459