ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 27

Registered No.

1. PLACE OF BIRTH

County Apache State Arizona

District or Township or Village

City Eagar No. St. Ward

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

2. Full name of child Myrna Louise Wiltbank (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Female | 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 Dec 30 1934 (Month Day Year)

8. FATHER

Full name Lester Lorenso Wiltbank

9. Residence (Usual place of abode) Eagar Arizona

If non-resident, give place and state.

10. Color or race W

11. Age at last birthday 24 (Years)

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

13. Occupation

Nature of industry Labor

14. MOTHER

Full maiden name Lavorn Lesueur

15. Residence (Usual place of abode) Eagar Arizona

If non-resident, give place and state.

16. Color or race W

17. Age at last birthday 23 (Years)

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

19. Occupation

Nature of industry Housewife

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 2

(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 10 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 Mrs W T Lesueur

Nurse (Physician or midwife).

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

Address Eagar Arizona

Registrar

Filed 1-9 1935 Mrs H H Fyaster Registrar

462-1230-339