

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.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

6

1. County of Apache
District of _____
Town of Bayav
or _____
City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

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

2. Full name of child Margine Wilbrank
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
If child is not yet named, make supplemental report, as directed.

3. Sex of Child F To be answered ONLY in event of plural births. } 4. Twin, triplet or other. _____ 5. No., in order of birth. _____ 6. Legitimate? _____
7. Date of birth Aug 10 1935
Month Day Year

8. FATHER
Full name Walter Lorenzo Wilbrank
9. Residence (Usual place of abode) Bayav Arizona
If nonresident, give place and state _____
10. Color or race W
11. Age at last birthday 25 (Years)
12. Birthplace (city or place) Bayav Arizona
(State or country) _____
13. Occupation
Nature of industry Farming
20. Number of children of this mother } (a) Born alive and now living. 1
(Taken as of time of birth of child here-in } (b) Born alive but now dead. _____
certified and including this child.) } (c) Stillborn _____

14. MOTHER
Full maiden name Arvalla Fay Ashcroft
15. Residence (Usual place of abode) Bayav Arizona
If nonresident, give place and state _____
16. Color or race W
17. Age at last birthday 22 (Years)
18. Birthplace (city or place) Reakma New Mexico
(State or country) _____
19. Occupation
Nature of industry Housewife
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 10p 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 Mrs W F Lester, Nurse
(Physician or midwife)
Address Bayav Arizona

Given name added from a supplemental report _____
Month, day, year. _____
Registered _____
Filed Sept 1, 1935 by Mrs W. H. Feaster
Local Registrar.
Filed _____, 19____
County Registrar.

462-980-113