NAME ADDED BY SUPPLEMENT

24

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. _____

Registered No. _____

1. PLACE OF BIRTH

County: Apache State: ARIZONA

Township: _____ or Village: _____

City: St. Johns No. _____ St. _____ Ward _____

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

2. Full name of child: Naomi Jean Wilhelm (If child is not yet named, make supplemental report, as directed)

3. Sex: Fem. | If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ | 6. Premature _____ Full term X | 7. Is mother married? Yes | 8. Date of birth: March 27, 19 36 (Month, day, year)

FATHER	MOTHER
9. Full name: Andy Wilhelm	18. Full maiden name: Hazel Hunt
10. Residence (usual place of abode) (If non-resident, give place and State): Vernon, Arizona	19. Residence (usual place of abode) (If non-resident, give place and State): Vernon, Arizona
11. Color or race: White	20. Color or race: White
12. Age at last birthday: 30 (Years)	21. Age at last birthday: 23 (Years)
13. Birthplace (city or place) (State or country): St. Johns, Arizona	22. Birthplace (city or place) (State or country): Taylor, Arizona
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Rancher	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.:	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.:
16. Date (month and year) last engaged in this work: _____, 19__	25. Date (month and year) last engaged in this work: _____, 19__
17. Total time (years) spent in this work:	26. Total time (years) spent in this work:

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living: 3 (b) Born alive but now dead: 0 (c) Stillborn: 0

28. If stillborn, period of gestation _____ months or weeks | 29. Cause of stillbirth _____ Before labor _____ During labor _____

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 4:10 A. m. on the date above stated

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Given name added from a supplemental report 564-307-883 (Date of)

Registrar.

(Signed) _____, M. D.

or Elizabeth Malley, Midwife

Address St. Johns, Arizona

Filed April 1, 19 36 [signature] Registrar.

10M 7-19-35 Form No. 2 MS

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.