

4867

ALL DATA MUST BE REPORTED TO THE LOCAL REGISTRAR WITHIN 5 DAYS AFTER BIRTH.

PLACE OF BIRTH
 County of Yila
 District of Arizona
 Town of Hayden
 or
 City of _____ (No. _____ St; _____ Ward)

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH
 State Index No. 145-878
 Co. Register No. _____
 Local Registrar's No. 47

FULL NAME OF CHILD Norura Muriel Wignall } Born } YES
 Alive } ~~NO~~

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Sex of Child <u>Female</u>	Twin, Triplet or other <u>Other</u>	and	Number in order of birth <u>1</u>	Legitimate? <u>yes</u>	Date of Birth <u>Sept 26 1914</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>William Nelson Wignall</u>			Full Maiden Name <u>Agnes Elizabeth Barr</u>		
Residence <u>Hayden Arizona</u>			Residence <u>Hayden Arizona</u>		
Color or Race <u>White</u>			Color or Race <u>White</u>		
Age at last Birthday <u>30</u> (Years)			Age at last Birthday <u>23</u> (Years)		
Birthplace <u>Utah</u>			Birthplace <u>Arizona</u>		
Occupation <u>Carpenter</u>			Occupation <u>Housewife</u>		

Number of child of this mother 2 Number of children, of this mother, now living 1 Were precautions taken against Ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on Sept 26 1914, at 7 a.m.
 { *When there is no attending physician or midwife, then the householder should make this return. }

(Signature) [Signature]
 (Attending physician, midwife, householder.)*

Given or christian name added from a supplemental report _____ 191_____

Address Hayden Arizona

Filed Oct 1 1914 LOCAL REGISTRAR.

543-926-829 COUNTY REGISTRAR.

A True Copy
[Signature] COUNTY REGISTRAR.