

PLACE OF BIRTH
 County of Yavapai
 District of Central
 Town of _____
 or _____
 City of _____

Supplement Attached
ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS **160** State Index No. **930**
ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 20
 Local Registrar's No. 148
 (No. _____ St; _____ Ward)

FULL NAME OF CHILD Wolcott } Born } YES
 If _____ is not named, make Supplemental Report on blank obtainable from local registrar. } Alive } NO

Sex of Child <u>Male</u>	Twin, Triplet or other	and	Number in order of birth <u>8</u>	Legitimate? <u>yes</u>	Date of Birth <u>9-25-1915</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>John E. Wolcott</u>			Full Maiden Name <u>Margarette Mubster</u>		
Residence <u>Central</u>			Residence <u>Central</u>		
Color or Race <u>White</u>	Age at last Birthday <u>42</u> (Years)	Color or Race <u>White</u>		Age at last Birthday <u>37</u> (Years)	
Birthplace <u>Utah</u>			Birthplace <u>Utah</u>		
Occupation <u>Farmer</u>			Occupation <u>Housewife</u>		

Number of child of this mother... 8 ... Number of children, of this mother, now living... 8 ... Were precautions taken against Ophthalmia neonatorum? _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on 9/25-1915, at 3 a M.
 *When there is no attending physician or midwife, then the householder should make this return.
 (Signature) H. E. French (Attending physician, midwife, householder.*)

Given or christian name added from a supplemental report _____ 191_____
 Address: Mrs. A. S. French
 Filed 10/5 1915 LOCAL REGISTRAR.
 Filed 10/20 1915 A True Copy **G. S. MARTIN.**
 COUNTY REGISTRAR. COUNTY REGISTRAR.

Use this form with each local Registrar within 5 days after birth.