196

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

County of Gila CERTIFICATE AMENDED SEE NOTATION MIDDLE NAME ADDED PER

BUREAU OF VITAL STATISTICS 138 State Index No. 73

District of

ORIGINAL CERTIFICATE OF BIRTH SIGNATURE OF REGISTRANT 6-22-73 H

Co. Register No. 367

Town of Winkelman

or

City of

Local Registrar's No.

(No. WOODROW St; Ward)

FULL NAME OF CHILD Ruth Whitley

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

Born YES

Alive ~~NO~~

Sex of Child	Twin, Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth
Female	\		\	Yes	July 18th 1916 (Month) (Day) (Yr.)

FATHER		MOTHER	
Full Name	Thos. B. Whitley	Full Maiden Name	Alice Evans
Residence	Winkelman	Residence	Winkelman
Color or Race	White	Color or Race	White
Age at last Birthday	24 (Years)	Age at last Birthday	24 (Years)
Birthplace	U. S.	Birthplace	U. S.
Occupation	Ele[illegible]	Occupation	House-wife

Number of child of this mother [illegible] | Number of Children, of this mother, now living 2 | Were precautions taken against Ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that [illegible] ended the birth of the above child; and that it occurred on July 18 1916, at 5.25 A. M.

*When there is no attending physician or midwife, the the householder should make this return.

(Signature) M. G. Warden M.D.

(Attending physician, midwife, householder.*)

Given or Christian name added from a supplemental report 191

Address Winkelman Ariz

Filed Aug 2 1919. W. B. [illegible]

LOCAL REGISTRAR.

968-718-152

COUNTY REGISTRAR.

Filed Aug 8 1919. A True Copy B. G. [illegible]

COUNTY REGISTRAR.

beneath the original.