

MARGIN RESERVED FOR BINDING
Write Plainly with Unfading Ink—This is a permanent Record.

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH
County of Gila
District of _____
Town of Winkelman
or _____
City of _____ (No. _____ St; _____ Ward)

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS 141 State Index No. 960
ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 368

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

Sex of Child Male Twin, Triplet or other } and } Number in order of birth } Legitimate? Yes Date of Birth July 20 1916
(Month) (Day) (Yr.)

FATHER
Full Name George Stateman
Residence Winkelman
Color or Race White Age at last Birthday 41 (Years)
Birthplace U. S.
Occupation Carpenter

MOTHER
Full Maiden Name Myra Albee
Residence Winkelman
Color or Race White Age at last Birthday 41 (Years)
Birthplace U. S.
Occupation Home wife

Number of child of this mother 3rd 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 I attended the birth of the above child; and that it occurred on July 20 1916, at 9. a. M.

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

(Signature) M. L. Warden, M.D.
(Attending physician, midwife, householder.*)

Given or Christian name added from a supplemental report _____ 191

Address Winkelman
B. J. Roberts
LOCAL REGISTRAR.

625-700-415
COUNTY REGISTRAR.

Filed Aug 2 1919

Filed Aug 8 1919 A True Copy

B. J. Day
COUNTY REGISTRAR.