

1557

Midwife with each local Registrar within 5 days after birth.

**PLACE OF BIRTH**  
 County of Gila  
 District of Michililuxup & Hayden  
 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. 109  
 Co. Register No. 37  
 Local Registrar's No. \_\_\_\_\_

FULL NAME OF CHILD Carol Olive Wignall } Born } YES  
 If child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive } ~~NO~~

Sex of Child Female } and } Number in order of birth 3 } Legitimate? yes } Date of Birth Jan 8th 1917  
 or other } } } } } (Month) (Day) (Yr.)

FATHER			MOTHER		
Full Name	<u>William Nelson Wignall</u>		Full Maiden Name	_____	
Residence	<u>Hayden Ariz</u>		Residence	<u>Hayden Ariz</u>	
Color or Race	<u>white</u>	Age at last Birthday <u>32</u> (Years)	Color or Race	<u>white</u>	Age at last Birthday <u>25</u> (Years)
Birthplace	<u>Payson Utah</u>		Birthplace	<u>Phoenix Ariz</u>	
Occupation	<u>Carpenter</u>		Occupation	<u>House wife</u>	

Number of child of this mother 3 | 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 above child; and that it occurred on Jan 8th 1917, at 11 A. M.  
 \*When there is no attending physician or midwife, then the householder should make this return.

(Signature) Charles H. Gowan  
 (Attending physician, midwife, householder.\*)

Given or christian name added from a supplemental report \_\_\_\_\_ 1917

Address Hayden Ariz

363-108-000  
 COUNTY REGISTRAR.

Filed Jan 3 1917

W. Roberts  
 LOCAL REGISTRAR.

Filed Jan 10 1917

A True Copy  
R. G. Seal  
 COUNTY REGISTRAR.