

919

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. **634**
Co. Register No. **206**
Local Registrar's No. _____

PLACE OF BIRTH
County of Pima
District of _____
Town of Miami
or _____
City of _____ (No. _____ St. _____ Ward)

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

Sex of Child <u>71</u>	Twin, Triplet or other <u>1</u>	and	Number in order of birth <u>1</u>	Legitimate? <u>Y</u>	Date of Birth <u>Apr 14</u> 191 <u>7</u> (Month) (Day) (Yr.)
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FATHER		MOTHER	
Full Name <u>George Martin Wood</u>	Full Maiden Name <u>Lillian May Johnson</u>	Residence <u>Miami</u>	Residence <u>Miami</u>
Color or Race <u>Wh</u>	Age at last Birthday <u>42</u> (Years)	Color or Race <u>Wh</u>	Age at last Birthday <u>32</u> (Years)
Birthplace <u>Cal</u>	Occupation <u>Miner</u>	Birthplace <u>Kansas</u>	Occupation <u>Housewife</u>

Number of child of this mother 3 Number of Children, of this mother, now living 3 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 Apr 14 1917 at 8:15 P.M.

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

(Signature) Robert E. ...
(Attending physician, midwife, householder)

Given or Christian name added from a supplemental report _____ 191...

Address Miami

Filed May 10 1917 John H. Loay LOCAL REGISTRAR.
A True Copy B. S. Joy COUNTY REGISTRAR.
Filed June 6 1917 364-414-315 COUNTY REGISTRAR.

or midwife with each local Registrar within 5 days after birth