1605

PLACE OF BIRTH

County of Gila

District of

Town of Miami

or

City of

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS 147 State Index No. 127

## ORIGINAL CERTIFICATE OF BIRTH

Co. Register No. 233

Local Registrar's No.

(No. St; Ward)

FULL NAME OF CHILD John Atwood Wilder

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

Born Alive YES ~~NO~~

Sex of Child M | Twin, Triplet or other 1 and Number in order of birth 1 | Legitimate? Yes | Date of Birth May 11 1917 (Month) (Day) (Yr.)

| FATHER | | MOTHER | |
|---|---|---|---|
| Full Name | John Atwood Wilder | Full Maiden Name | Lena M. Smith |
| Residence | Miami | Residence | Miami |
| Color or Race | White | Color or Race | White |
| Age at last Birthday | 29 (Years) | Age at last Birthday | 29 (Years) |
| Birthplace | Louisiana | Birthplace | California |
| Occupation | Bookkeeper | Occupation | Housewife |

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 May 11 1917 at 4 A M.

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

(Signature) Charles E. Irvin M.D.

(Attending physician, ~~midwife, householder.~~*)

Given or Christian name added from a supplemental report 191

Address Miami

Filed May 15 1917

John H Loey

LOCAL REGISTRAR.

169-511-328

COUNTY REGISTRAR.

Filed June 5 1917

A True Copy

B. G. Fox

COUNTY REGISTRAR.