4665

CERTIFICATE AMENDED
SEE NOTATION

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 112

Co. Register No. 411

Local Registrar's No.

PLACE OF BIRTH

County of Gila

District of

Town of Miami

or

City of

Child's middle name added by supp. of reg. & Hospital record 9-4-67 (10-20-71 sl)

(No. St; Ward)

FULL NAME OF CHILD Wayne Orrin Trethewey

Born Alive YES ~~NO~~

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

Sex of Child Male | Twin, Triplet or other Gen | and | Number in order of birth Gen | Legitimate Yes | Date of Birth Sept. 4 1917 (Month) (Day) (Yr.)

FATHER		MOTHER	
Full Name	Perry Ross Trethewey	Full Maiden Name	Ethel B. Rice
Residence	Miami	Residence	Miami
Color or Race	White	Age at last Birthday	35 (Years)
Birthplace	Michigan	Color or Race	White
Occupation	Carpenter	Age at last Birthday	30 (Years)
		Birthplace	Tenn.
		Occupation	House wife

Number of child of this mother 4 | Number of Children, of this mother, now living 4 | 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 Sept 4 1917, at 5 A.M.

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

(Signature) B. W. Hardy M.D.
(Attending physician, ~~midwife, householder.*~~)

Address Miami Ariz.

Given or Christian name added from a supplemental report 191

Filed Sept 15 1917

John H. Lacy
LOCAL REGISTRAR.

A True Copy

638-904-595
COUNTY REGISTRAR.

Filed Oct 6 1917

B. G. Fox
COUNTY REGISTRAR.