1724

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 166

ORIGINAL CERTIFICATE OF BIRTH

Co. Registrar's No. 563

Local Registrar's No. .....

PLACE OF BIRTH

County of Gila

District of .....

Town of Miami

or

City of ..... (No. ..... St; ..... Ward)

FULL NAME OF CHILD Mildred Wood

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

Born Alive: YES ~~NO~~

Sex of Child F | Twin, Triplet or other 1 | and | Number in order of birth 1 | Legitimate? Y | Date of Birth Sept 20 1918 (Month Day Yr.)

FATHER		MOTHER	
Full Name	Orlando A. Wood	Full Maiden Name	Lucy Moore
Residence	Miami	Residence	Miami
Color or Race	White	Color or Race	White
Age at last Birthday	48 Years	Age at last Birthday	33 Years
Birthplace	Texas	Birthplace	Texas
Occupation	Mechanic	Occupation	Housewife

Number of child of this Mother 5 | Number of Children, of this mother, now living 5 | 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 20 1918, at 1:30 P.M.

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

Signature Charles E. Twin M.D.

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

Address Miami

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

Filed Dec 31 1918

John H. Lacy

LOCAL REGISTRAR.

A True Copy

464-920-345

COUNTY REGISTRAR.

Filed Jan 8 1919

B. G. Tiot

COUNTY REGISTRAR