175

CERTIFICATE AMENDED
SEE NOTATION

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 121

Co. Register No. 532

ORIGINAL CERTIFICATE OF BIRTH

FIRST NAME ADDED BY WRITTEN REQUEST OF REGISTRANT AND SOCIAL SECURITY RECORDS DATED 2-15-50 (11-22-71 bme)

Local Registrar's No. .....

PLACE OF BIRTH

County of Gila

District of .....

Town of Winkelman

or

City of .....

(No. ..... St; ..... Ward)

FULL NAME OF CHILD Coy Wright

Born / Alive — YES / ~~NO~~

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

Sex of Child	Twin, Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Yr.)
				Yes	Nov	22	1918

FATHER		MOTHER	
Full Name	Jesse Wright	Full Maiden Name	Laura Roach
Residence	Winkelman	Residence	Winkelman
Color or Race	Wh — Age at last Birthday 36 (Years)	Color or Race	Wh — Age at last Birthday 33 (Years)
Birthplace	Ky	Birthplace	Ky
Occupation	Carpenter	Occupation	Housekeeper

Number of child of this mother 1 | 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 above child; and that it occurred on Nov 22 1918 at 4 P 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 ..... 191....

Address Hayden

Filed Nov 24 1918

W. B. Nash
LOCAL REGISTRAR.

363-1122-298
COUNTY REGISTRAR.

Filed Dec 5 1918

A True Copy

B. G. Fox
COUNTY REGISTRAR.