2249

MARGIN RESERVED FOR BINIDNG

Write Plainly with Unfading Ink.—This is a Permanent Record.

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or Midwife with each local Registrar within 5 days after birth.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 128

Co. Register No. 683

Local Registrar's No.

PLACE OF BIRTH

County of Gila

District of

Town of or City of Globe (No. E Maple St; Ward)

FULL NAME OF CHILD William Edward Whalley Jr. 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 \ and Number in order of birth \ | Legitimate? Yes | Date of Birth Feb (Month) 6 (Day) 1919 (Yr.)

FATHER	MOTHER
Full Name William Edward Whalley	Full Maiden Name L. Selmas Vasquez
Residence E. Maple St Globe	Residence Globe
Color or Race White. Age at last Birthday 34 (Years)	Color or Race White. Age at last Birthday 25 (Years)
Birthplace Wyoming	Birthplace Arizona
Occupation Lumber Dealer	Occupation Housewife

Number of child of this mother 3 | Number of children, of this mother, now living 2 | 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 Feb 6 1919, at 11 30 P M.

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

(Signature) [signature]
(Attending physician, ~~midwife, householder.~~*)

Given or christian name added from a supplemental report 191

Address Globe - Ariz.

Filed Sept 27 1924 B. G. Fox LOCAL REGISTRAR.

A True Copy B. G. Fox COUNTY REGISTRAR

668-206-359 COUNTY REGISTRAR.

Filed Oct 6 1924