2429

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 113

Co. Registrar's No. 343

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 Abbiejean Wheatley

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

Born Alive: YES / NO X

Sex of Child: 71 | Twin, Triplet or other: 1 | and | Number in order of birth: 1 | Legitimate? Yes | Date of Birth: June 9 1919 (Month, Day, Yr.)

FATHER		MOTHER	
Full Name	John Chester Wheatley	Full Maiden Name	Cornelia Smith
Residence	Miami	Residence	Miami
Color or Race	Wh	Color or Race	Wh
Age at last Birthday	40 Years	Age at last Birthday	23 Years
Birthplace	Mo	Birthplace	Okla
Occupation	Mill Man	Occupation	Housewife

Number of child of this Mother: 1 | Number of Children, of this mother, now living: 1 | 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 June 9 1919, at 7 A.M.

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

Signature Charles E. Irwin M.D.

Attending physician, ~~midwife, householder.~~

Address Miami Arizona

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

Filed June 10 1919

N. D. Brayton

LOCAL REGISTRAR.

168-609-328

COUNTY REGISTRAR.

Filed JUL 7 1919

A True Copy

B. G. Sax

COUNTY REGISTRAR.