2404

CERTIFICATE AMENDED
SEE NOTATION

given name added by affidavit of sister and School Enrollment Records (9-19-68 bmo)

R. A. WATKINS PRINTING CO., PHOENIX

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

County of Graham
District of Algodon
Town of —
or
City of —

State Index No. 205
Co. Register No. 176
Local Registrar's No. 160

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

FULL NAME OF CHILD Mezzie Joy Woolsey
If child is not named, make Supplemental Report on blank obtainable from local registrar.

Born / Alive — ~~NO~~ ~~YES~~ yes

| Sex of Child | ~~Twin, Triplet~~ or other | and | Number in order of birth | Legitimate? | Date of Birth (Month) (Day) (Yr.) |
|---|---|---|---|---|---|
| Girl | | | 7 | yes | 10/17 1919 |

| FATHER | | MOTHER | |
|---|---|---|---|
| Full Name | W. A. Woolsey | Full Maiden Name | Lovina P. Ransom |
| Residence | Algodon | Residence | Algodon |
| Color or Race | White | Color or Race | White |
| Age at last Birthday (Years) | 40 | Age at last Birthday (Years) | 36 |
| Birthplace | utah | Birthplace | ariz |
| Occupation | Cattleraiser | Occupation | Housewife |

Number of child of this mother 7 | Number of Children, of this mother, now living 7 | Were precautions taken against Ophthalmia neonatorum? —

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on 10/17 1919, at 29 M.

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

(Signature) W E Reath
(Attending physician, midwife, householder.*)

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

Address
Filed 10/30/ 1919

A True Copy
Filed 10/31/ 1919

468-1017-394
COUNTY REGISTRAR.

Wm V Thorpe
LOCAL REGISTRAR.

J. M. Stratton
COUNTY REGISTRAR.