

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

County of Gila
 District of Miami
 Town of _____
 or _____
 City of _____

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 191
 Co. Register No. 653
 Local Registrar's No. _____

(No. _____ St; _____ Ward)
 FULL NAME OF CHILD Walter Wesley Laddow
 If child is not named, make Supplemental Report on blank obtainable from local registrar. Born YES
 Alive NO

Sex of Child Male Twin, Triplet or other Yes and Number in order of birth 1st Legit. mate Yes Date of Birth Nov 22 1919
 (Month) (Day) (Yr.)

FATHER
 Full Name Percy Allen Laddow
 Residence Miami Ariz
 Color or Race White Age at last Birthday 28 (Years)
 Birthplace Cal.
 Occupation Mgr. Auto Co.

MOTHER
 Full Maiden Name Bertha Naomi Crawford
 Residence Miami Ariz
 Color or Race White Age at last Birthday 25 (Years)
 Birthplace New Mex.
 Occupation House wife

Number of child of this mother... 2 Number of children, of this mother, now living... 2 Were precautions taken against Ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

hereby certify that I attended the birth of above child; and that it occurred on Nov 22 1919, 9:15 A.M.
 *When there is no attending physician or midwife, then the householder should make this return.

(Signature) B. N. Hardy M.D.
 (Attending physician, midwife, householder*)

Given or christian name added from a
 Supplemental report _____ 191_____

Address Miami Ariz

636-1122-234
 COUNTY REGISTRAR.

Filed Nov 25 1919

W. W. Brayton
 LOCAL REGISTRAR.

Filed 11/30 1919

A True Copy B. S. J. off
 COUNTY REGISTRAR.