PLACE OF BIRTH CERTIFICATE AMENDED

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 133

Co. Register No. 723

ORIGINAL CERTIFICATE OF BIRTH

Child's name entered by Supp. signed by reg. + Appli Benefical Life Ins. 9-16-42. 1-20-72

Local Registrar's No.

County of Gila,

District of Globe,

Town of

or

City of Globe.

(No. St; Ward)

FULL NAME OF CHILD Wanda Kunz

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
Female				Yes	12 (Month) 23 (Day) 1919 (Yr.)

FATHER		MOTHER	
Full Name	Irvin Elmer Kunz,	Full Maiden Name	Bernice Webster,
Residence	Globe,	Residence	Globe.
Color or Race	White	Color or Race	White
Age at last Birthday	29 (Years)	Age at last Birthday	27 (Years)
Birthplace	Idaho	Birthplace	Utah,
Occupation	Salseman,	Occupation	Housewife,

Number of child of this mother 4 | Number of children, of this mother, now living 3 | Were precautions taken against Ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

P.

I hereby certify that I attended the birth of above child; and that it occurred on 12/23, 1919, at 5,30, M.

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

(Signature) G. E. Wightman
(Attending physician, ~~midwife, householder.~~*)

Address Globe, Arizona.

Given or christian name added from a supplemental report 191

Filed 12/25 1919

B. G. Fox
LOCAL REGISTRAR.

A True Copy B. G. Fox
COUNTY REGISTRAR.

629-1323-269
COUNTY REGISTRAR.

Filed June 5 1920

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.