2195

PLACE OF BIRTH

County of Gila

District of

Town of or City of Miami

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. [illegible]

Co. Registrar's No. 450

Local Registrar's No.

(No. St; Ward)

FULL NAME OF CHILD William Stanley Wyland

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

Born Alive YES ~~NO~~

Sex of Child M | Twin, Triplet or other and Number in order of birth Fah | Legitimate? Yes | Date of Birth July 29 1920 (Month Day Yr.)

FATHER		MOTHER	
Full Name	Carl Wyland	Full Maiden Name	Ida May Northroup
Residence	Miami	Residence	Miami
Color or Race	White	Color or Race	White
Age at last Birthday	30 Years	Age at last Birthday	29 Years
Birthplace	Kans	Birthplace	Kans
Occupation	Draftsman	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 Aug 29 1920, at 8 P M.

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

Signature Leo A Paige

Attending physician, ~~midwife, householder~~.*

Given or Christian name added from a supplemental report 191

Address

Filed 7/30/1920 T H Slaughter LOCAL REGISTRAR.

664-729-957 COUNTY REGISTRAR.

Filed 8-9 1920 A True Copy [illegible] COUNTY REGISTRAR.