4189

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 150

Co. Registrar's No. 33

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 Thelma Jean Wright

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

Born Alive: YES ~~NO~~

Sex of Child: F1 | Twin, Triplet or other: 1 | and | Number in order of birth: 1 | Legitimate? Y | Date of Birth: Sept 9 1920 (Month, Day, Yr.)

FATHER		MOTHER	
Full Name	Edgar Everett Wright	Full Maiden Name	Daisy Gibson
Residence	Miami	Residence	Miami
Color or Race	White	Color or Race	White
Age at last Birthday	34 Years	Age at last Birthday	19 Years
Birthplace	Ala	Birthplace	Globe Arizona
Occupation	Truck Driver	Occupation	H.

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 Sept 9 1920, at 5 P.M.

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

Signature Charles E. Twin M.D.
Attending physician, ~~midwife, householder~~.*

Address Miami Ariz

Given or Christian name added from a supplemental report _____ 191__

Filed 9/15/1920 — T. H. Slaughter, LOCAL REGISTRAR.

363-909-475
COUNTY REGISTRAR.

A True Copy

Filed 9-25 1920 — B. G. Fox, COUNTY REGISTRAR.

or midwife with each local Registrar within 5 days after birth.