

246

THIS IS TO BE FILED IN THE OFFICE OF THE COUNTY REGISTRAR WITHIN 5 DAYS AFTER BIRTH. THIS CERTIFICATE MUST BE FILED BY THE ATTENDING PHYSICIAN OR MIDWIFE WITH EACH LOCAL REGISTRAR WITHIN 5 DAYS AFTER BIRTH.

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS

**ORIGINAL CERTIFICATE OF BIRTH**

PLACE OF BIRTH  
County of Gila State Index No. 178  
District of \_\_\_\_\_ Co. Registrar's No. 329  
Town of Miami Local Registrar's No. \_\_\_\_\_  
or \_\_\_\_\_  
City of \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

FULL NAME OF CHILD Joseph Leonard Wakefield Born YES  
If child is not named, make Supplemental Report on blank obtainable from local registrar. Alive NO

Sex of Child <u>Male</u>	Twin, Triplet or other _____	and	Number in order of birth <u>5</u>	Legitimate? <u>yes</u>	Date of Birth <u>May 26 - 1921</u>
FATHER			MOTHER		
Full Name <u>Joseph Wakefield</u>			Full Maiden Name <u>Charlotte Zumwalt</u>		
Residence <u>Miami, Arizona</u>			Residence <u>Miami, Arizona</u>		
Color or Race <u>White</u>			Color or Race <u>White</u>		
Age at last Birthday <u>45</u> Years			Age at last Birthday <u>37</u> Years		
Birthplace <u>Perzance, England</u>			Birthplace <u>Ingram, Texas</u>		
Occupation <u>Blacksmith</u>			Occupation <u>Housewife</u>		

Number of child of this Mother 5 | Number of Children, of this mother, now living 5 | 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 May 26, 1921, at 8 A.M.

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

Signature C. M. Crow M.D.  
Attending physician, midwife, householder.\*

Address Miami, Arizona

Given or Christian name added from a supplemental report \_\_\_\_\_ 191\_\_\_\_

164-526-393 COUNTY REGISTRAR.

Filed June 24 1921 B. N. Hardy LOCAL REGISTRAR.  
A True Copy  
Filed July 5 1921 B. G. J. J. COUNTY REGISTRAR.