

PLACE OF BIRTH *name added by supplement* **ARIZONA STATE BOARD OF HEALTH** ✓
 County of *Arizona* BUREAU OF VITAL STATISTICS State Index No. *204*
 District of *Safford* ORIGINAL CERTIFICATE OF BIRTH Co. Register No. *247*
 Town of _____ Local Registrar's No. *247*
 or _____
 City of _____ (No. _____ St. _____ Ward)

FULL NAME OF CHILD *Jessie Florence Wauslee* { Born } Yes
 If child is not named, make Supplemental Report on blank obtainable from local Registrar. { Alive } NO

Sex of Child *female* Twin, Triplet or other _____ and _____ Number in order of birth *2* Legitimate? *yes* Date of Birth *8-23* 192*1*
 (Month) (Day) (Yr.)

FATHER
 Full Name *Wm. A. Wauslee*
 Residence *Arizona Safford*
 Color or Race *white* Age at last Birthday *29* (Years)
 Birthplace *Arizona*
 Occupation *Farmer*

MOTHER
 Full Maiden Name *Lula A. Ditmore*
 Residence *Arizona Safford*
 Color or Race *white* Age at last Birthday *23* (Years)
 Birthplace *North Carolina*
 Occupation *housewife*

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*

I hereby certify that I attended the birth of the above child; and that it occurred on *8-23*, 192*1*, at *1230 P*

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

(Signature) *J. N. Stratton*
 (Attending physician, midwife, householder.)*

Given or Christian name added from a supplemental report _____ 192 _____

Address *Safford, Ariz.*

165-823-345
 COUNTY REGISTRAR.

Filed *9-5* 192*1*

Thomas Burns
 LOCAL REGISTRAR.

Filed *9-8* 192*1* A True Copy

J. N. Stratton
 COUNTY REGISTRAR.