

250

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

of Sela
of Miami

BUREAU OF VITAL STATISTICS

State Index No. 175

ORIGINAL CERTIFICATE OF BIRTH

Co. Registrar No. 108 109

Local Registrar's No. _____

(No. _____ St. _____ Ward)

NAME OF CHILD Jessy May Wade { Born YES
If child is not named, make Supplemental Report on blank obtainable from local registrar. { Alive

71 Twin, Triplet or other 1 and Number in order of birth 2 Legitimate? Y Date of Birth March 29 1922
(Month) (Day) (Yr.)

FATHER
Peares Joseph Wade
Residence Miami
Color or Race Wh Age at last Birthday 28 (Years)
Birthplace Arizona
Occupation Refrigerian
Number of Child of this mother 2 Number of children of this mother now living 2

MOTHER
Theresa Paron
Residence Miami
Color or Race Mex Age at last Birthday 29 (Years)
Birthplace Arizona
Occupation H
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 March 29 1922 at Miami

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

(Signature) Charles E. Davis M.D.
(Attending physician, midwife, householder.)

Given or Christian name added from a supplemental report _____ 1922

Address Miami
B. N. Hardy LOCAL REGISTRAR.

965-329-325
COUNTY REGISTRAR.

Filed 4/5 1922 A True Copy
B. S. Fox COUNTY REGISTRAR.