

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila
District of _____
Town of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 108
Co. Registrar No. 300
Local Registrar No. _____

or Globe No. _____ St. _____ Ward _____
City of _____ (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child: Baby Wills (Died few mins. after delivery) If child is not yet named, make supplemental report, as directed

3. Sex of child m. To be answered ONLY in event of plural births. 4. Twin, triplet or other. 5. No. in order of birth. 6. Legitimate? yes 7. Date of birth July 8-22 (Month, day, year)

8. Full name of FATHER Elmer C. Wills

14. Full maiden name of MOTHER Isabelle Brewer

9. Residence (Usual place of abode) Globe, Ariz. If nonresident, give place and State

15. Residence (Usual place of abode) Globe, Ariz. If nonresident, give place and State

10. Color or race White 11. Age at last birthday 40 (Years)

16. Color or race White 17. Age at last birthday 32 (Years)

12. Birthplace (city or place) Texas (State or country)

18. Birthplace (city or place) New Mexico (State or country)

13. Occupation Smelter man. Nature of Industry

19. Occupation Housewife Nature of Industry

20. Number of children of this mother (Taken as of time of birth of child here-in certified and including this child.) (a) Born alive and now living 0 (b) Born alive but now dead 1 (c) Stillborn 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 9:30 p.m. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature C. W. Adams (Physician or midwife)

Address Globe Ariz.

Given name added from a supplemental report 062-708-929 (Month, day, year) Registrar.

Filed 8-13, 1922 Local Registrar. B. W. Fox
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