

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 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 Wilkesman
 Town of Wilkesman, Ariz.
 or

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 115
 Co. Registrar No. 144
 Local Registrar No. 1

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

2. Full name of child William Francis Harry If child is not yet named, make supplemental report, as directed

3. Sex of child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other yes 5. No., in order of birth 1st 6. Legitimate? yes 7. Date of birth July 12th 1923 (Month, day, year)

8. FATHER
 Full name William Franklin Harry

14. MOTHER
 Full maiden name Wilhelmina W. G. Gahan

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

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

10. Color or race White, U.S.A. 11. Age at last birthday 41 (Years)

16. Color or race White U.S.A. 17. Age at last birthday 37 (Years)

12. Birthplace (city or place) (State or country) Leicester Kansas

18. Birthplace (city or place) (State or country) Atumwa, Iowa

13. Occupation Mining, (Miss Mgr.)
 Nature of Industry

19. Occupation House-wife
 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 3 (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 yes at 9 A.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 J. M. Butler, M.D.
 (Physician or midwife)

Address Wilkesman, Ariz.

Given name added from a supplemental report (Month, day, year)

Filed Dec 20, 1923

Filed 4/6, 1923

W. G. Roberts
 Local Registrar.

B. G. J. J. J.
 County Registrar.

Registrar.

688-212-645