

MARGIN RESERVED FOR BINDING
 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 Wilkesbarre
 Town of Wilkesman, Ariz.
 or
 City of _____ No. _____ St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 116
 Co. Registrar No. 143
 Local Registrar No. 1

2. Full name of child Wilhelmina Fraulien Hanny } 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 2nd
 6. Legitimate? Yes
 7. Date of birth Feb 12th 1923 (Month, day, year)

FATHER
 8. Full name William Fraulien Hanny
 9. Residence (Usual place of abode) Wilkesman, Ariz.
 If nonresident _____
 10. Color or White, U.S.A.
 11. Age at last birthday 41 (Years)
 12. Birthplace (city or place) Leicester, Ariz. Terr.
 (State or country)
 13. Occupation Mining, (Mine mgr.)
 Nature of industry _____

MOTHER
 14. Full maiden name Wilhelmina W. Baker
 15. Residence (Usual place of abode) Wilkesman, Ariz.
 If nonresident _____
 16. Color or White, U.S.A.
 17. Age at last birthday 19 (Years)
 18. Birthplace (city or place) Stumwa, Iowa
 (State or country)
 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 3 (b) Born alive but now dead _____ (c) Stillborn _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was 4 1/2 49 30 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 P. M. Butler, M.D.
 (Physician or midwife)
 Address Wilkesman, Ariz.

Given name added from a supplemental report _____ (Month, day, year)
 Filed Feb 20th, 1923
 Filed 4-6, 1928
 Registrar. _____
 County Registrar. R. J. Stal

698-212-145