

PLACE OF BIRTH
 1. County of Yuma
 District of Rice
 Town of _____
 or _____
 City of _____

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 181a
 Co. Registrar No. 280
 Local Registrar No. _____

No. _____ St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)
 2. Full name of child Wellington Crocket } 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. _____ 5. No., in order of birth. _____ 6. Legitimate? Yes 7. Date of birth 3/27/29 (Month, day, year)

FATHER
Frank Crocket
 Residence (Usual place of abode) Rice, Arizona
 If nonresident, give place and State
 10. Color or race Indian
 11. Age at last birthday 46 (Years)
 12. Birthplace (city or place) Rice
 13. State or country Ariz
 14. Occupation Farmer
 Nature of industry _____

MOTHER
 14. Full maiden name Dott Duenn
 15. Residence (Usual place of abode) Rice Arizona
 If nonresident, give place and State
 16. Color or race Indian 17. Age at last birthday 31 (Years)
 18. Birthplace (city or place) _____
 (State or country) _____
 19. Occupation Housewife
 Nature of industry _____

Number of children of this mother born as of time of birth of child here-certified and including this child. } (a) Born alive and now living. (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 born alive at _____ 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 Mary A. Seward Field Neenan
 Address Rice Ariz
 Filed 6-4, 1929
 Filed 6-5, 1929
 Registrar. _____
 County Registrar. _____

833-327-445