

1054

PLACE OF BIRTH

1. County of Gila  
District of SBG  
Town of \_\_\_\_\_  
or  
City of Globe

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 169  
County Registrar No. 527  
Local Registrar No. \_\_\_\_\_

2. Full name of child Robert May Wills  
(If birth occurred in hospital or institution, give its NAME instead of street and number)  
If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female 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 8 18 1923  
Month Day Year

8. FATHER  
Full name John Wills  
9. Residence (Usual place of abode) Globe Ariz  
If nonresident, give place and state  
10. Color or race white  
11. Age at last birthday 25 (Years)  
12. Birthplace (city or place) England  
(State or country)  
13. Occupation Job Printer  
Nature of industry

14. MOTHER  
Full maiden name Gela Shields  
15. Residence (Usual place of abode) Globe Ariz  
If nonresident, give place and state  
16. Color or race white  
17. Age at last birthday 21 (Years)  
18. Birthplace (city or place) Sweetwater Texas  
(State or country)  
19. Occupation W. W.  
Nature of industry

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living. 1 (b) Born alive but now dead. 0 (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 8 9 a.m. on the date above stated.  
(Born alive or stillborn.)  
Signature H. E. Wylkman  
Address Globe Ariz  
(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year. \_\_\_\_\_  
Registrar. \_\_\_\_\_  
Filed 8-20 1923 B. Y. S. 104 Local Registrar.  
Filed 9-1 1923 B. Y. S. 104 County Registrar.

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