

Damaged Document(s)

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
If child is not yet named, make supplemental report, as directed.

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

1. County of Apache PLACE OF BIRTH
District of Vernon
Town of Vernon
or
City of _____ No. _____ St. _____ Ward _____

2. Full name of child Lloyd Clair Wilhelm (If birth occurred in a hospital or institution, give its NAME instead of street and number)

3. Sex of Child male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 6. Legitimate? yes 7. Date of birth Jan 10 1924
Month Day Year

8. FATHER Full name Alvin Lee Wilhelm 14. MOTHER Full maiden name Effie Lewis
9. Residence (Usual place of abode) Vernon, Ariz 15. Residence (Usual place of abode) Vernon, Ariz
If nonresident, give place and state _____ If nonresident, give place and state _____

10. Color or race white 11. Age at last birthday 28 (Years) 16. Color or race white 17. Age at last birthday 32 (Years)

12. Birthplace (city or place) Vernon, Ariz 18. Birthplace (city or place) Taylor, Ariz
(State or country) _____ (State or country) _____

13. Occupation Cattlemen & farmer 19. Occupation Housewife
Nature of industry _____ 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 2 (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 3 a. m. on the date above.
(Born alive or stillborn.)

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

Signature Eva Allington (Physician or midwife)
Address Barnon Ariz

Given name added from a supplemental report _____ Filed 2/5 1924 Eva Pulsif Local R.
Month, day, year. Filed 2/10 1924 J. J. Bonta County I
Registrar. 365-10-437