

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

PLACE OF BIRTH

1. County of Yavapai
District of Wilcox
Town of Walker
or
City of _____ No. _____ Ward _____

State Index No. 581
County Registrar No. _____
Local Registrar No. _____

2. Full name of child Gilbert Louis Weisling
(If birth occurred in a 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 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 Feb 9 1924
Month Day Year

<p>8. FATHER Full name <u>Emil Weisling</u> 9. Residence (Usual place of abode) <u>Walker Ariz</u> If nonresident, give place and state 10. Color or race <u>White</u> 11. Age at last birthday <u>21</u> (Years) 12. Birthplace (city or place) <u>St Louis Mo</u> (State or country) 13. Occupation Nature of industry <u>Miner</u></p>	<p>14. MOTHER Full maiden name <u>Joan Etta Leisering</u> 15. Residence (Usual place of abode) <u>Walker Ariz</u> If nonresident, give place and state 16. Color or race <u>White</u> 17. Age at last birthday <u>20</u> (Years) 18. Birthplace (city or place) <u>Wagon Mo</u> (State or country) 19. Occupation Nature of industry <u>House wife</u></p>
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20. Number of children of this mother (a) Born alive and now living 2 (b) Born alive but now dead - (c) Stillborn -
(Taken as of time of birth of child herein certified and including this child.) 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 P. 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 W. J. Simon (Physician or midwife)
Address Prescott Ariz

Given name added from a supplemental report _____ Month, day, year. _____
Registrar. _____

Filed _____, 19____
Filed 4-10-, 1924 John W. Flavin
County Registrar. n

767-309-337