

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.

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

PLACE OF BIRTH
 1. County of Gila
 District of _____
 Town of _____
 or _____
 City of Hayden No. _____ St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

State Index No. 190
 County Registrar No. 329
 Local Registrar No. 21

2. Full name of child Baby Gilliland } 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. win, triplet or other 5. No., in order of birth _____ 6. Legitimate? _____ 7. Date of birth 4-28/24
 Month day year

8. FATHER Full name William Raymond Gilliland 14. MOTHER Full maiden name Anna Kempton Winkelman
 9. Residence (Usual place of abode) Winkelman 15. Residence (Usual place of abode) Winkelman
 If nonresident, give place and state

10. Color of face White 11. Age at last birthday 26 (Years) 16. Color of face White 17. Age at last birthday 19 (Years)

12. Birthplace (city or place) Kentucky 18. Birthplace (city or place) Arizona
 (State or country)

13. Occupation Fireman in Power House 19. Occupation H. M.
 Nature of industry

20. Number of children of this mother certified and including this child: (a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1 21. Were precautions taken against opthalmia neonatorum? No

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was still born at 9 P. 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 evidences of life after birth.

Signature Dr. R. Winslow (Physician or midwife)
 Address Hayden, Ariz.
 Given name added from _____
 supplemental report _____
 Month, day, year.

Filed Apr 30 1924 Local Registrar. B. G. Day
 Filed 5-7 1924 County Registrar.

Registrar.

074-428-525