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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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

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

2. Full name of child Norman J. Wilson } 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 2 6. Legitimate? yes 7. Date of birth July 21-1924
Month day year

| | | | |
|---|--|---|--|
| 3. FATHER | | 14. MOTHER | |
| Full name <u>Glen Wilson</u> | | Full maiden name <u>Zelda Anderson</u> | |
| 9. Residence (Usual place of abode) <u>Miami</u> If nonresident, give place and state <u>Ariz</u> | | 15. Residence (Usual place of abode) <u>Miami</u> If nonresident, give place and state <u>Ariz</u> | |
| 16. Color or race <u>Cauc.</u> | 11. Age at last birthday <u>22</u> (Years) | 16. Color or race <u>Cauc.</u> | 17. Age at last birthday <u>22</u> (Years) |
| 12. Birthplace (city or place) <u>Sanford</u> (State or country) <u>Colo.</u> | | 18. Birthplace (city or place) <u>Manassas</u> (State or country) <u>Colo.</u> | |
| 13. Occupation Nature of industry <u>Millman</u> | | 19. Occupation Nature of industry <u>Housewife</u> | |
| 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 <u>2</u> (b) Born alive but now dead _____ (c) Stillborn _____ | | 21. Were precautions taken against phtharthritis neonatorum? <u>yes</u> | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born at 4 P. m. on the date above stated.
(Born alive or stillborn)

Signature Cyril M. Brown M.D. (Physician or midwife)
Address Miami, Ariz.
Given name added from _____
Month, day, year. _____

Filed July 31, 1924 _____ Local Registrar.
Filed AUG 5 1924 R. G. Gray County Registrar.

565-721-915