

PLACE OF BIRTH

AFFIDAVIT ATTACHED

### ARIZONA STATE BOARD OF HEALTH

1. County of \_\_\_\_\_

District of \_\_\_\_\_

Town of \_\_\_\_\_

or

City of Phoenix Ariz

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 238

County Registrar No. 1705

Local Registrar No. 873

No. 16th St + Indian Sch Rd St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Edward Willis If child is not yet named, make supplemental report, as directed.

Sex of Child male To be answered ONLY in event of plural births. 4. Twin, triplet or other.  5. No., in order of birth. 1 6. Legitimate? yes 7. Date of birth Sep 3 1924  
Month Day Year

FATHER  
Full name Myron Willis

9. Residence (Usual place of abode) 16th St + Indian Sch Rd  
If nonresident, give place and state

10. Color or race white 11. Age at last birthday 19 (Years)

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

13. Occupation Employee water users  
Nature of industry

MOTHER  
Full maiden name Phoebe Webb

15. Residence (Usual place of abode) Indian Sch Rd  
If nonresident, give place and state

16. Color or race white 17. Age at last birthday 17 (Years)

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

19. Occupation Housewife  
Nature of industry

20. Number of children of this mother (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  
(Taken as of time of birth of child herein certified and including this child.)

#### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was (Born alive) at 2:30 p.m. on the date above stated.

\*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 Charles B Palmer  
(Physician or midwife)

Address Phoenix Arizona

Given name added from supplemental report \_\_\_\_\_  
Month, day, year.

Filed 9/9/24 1924 Local Registrar HARRY J. FELCH, M.D.

Filed SEP 10 1924 1924 County Registrar.

Registrar.

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