

PLACE OF BIRTH

1. County of Gila

ARIZONA STATE BOARD OF HEALTH

District of _____

BUREAU OF VITAL STATISTICS

State Index No. 146Town of Young Ariz

ORIGINAL CERTIFICATE OF BIRTH

County Registrar No. 160

or _____

Local Registrar No. 1

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 Olivia Verdona Jewel Willson If child is not yet named, make supplemental report, as directed.

| | | | | |
|----------------------------------|--|----------------------------------|---------------------------|--------------------------------------|
| 3. Sex of Child <u>Female</u> | To be answered ONLY in event of plural births. | 4. Twin, triplet or other. _____ | 5. Legitimate? <u>yes</u> | 6. Date of birth <u>Feb. 16 1925</u> |
| | | 5. No., in order of birth _____ | | Month Day Year |

| | |
|--|---|
| 8. FATHER Full name <u>James Newton Willson</u> | 14. MOTHER Full maiden name <u>Ellen Bell Stanford</u> |
|--|---|

| | |
|--|---|
| 9. Residence (Usual place of abode) <u>Young, Ariz</u> If nonresident, give place and state | 15. Residence (Usual place of abode) <u>Young, Ariz</u> If nonresident, give place and state |
|--|---|

| | | | |
|--------------------------------|--|--------------------------------|--|
| 10. Color or race <u>White</u> | 11. Age at last birthday <u>48</u> (Years) | 16. Color or race <u>White</u> | 17. Age at last birthday <u>26</u> (Years) |
|--------------------------------|--|--------------------------------|--|

| | |
|--|--|
| 12. Birthplace (city or place) <u>Duncan, Okla</u> (State or country) | 18. Birthplace (city or place) <u>Vernon Texas</u> (State or country) |
|--|--|

| | |
|--|---|
| 13. Occupation <u>Farmer</u> Nature of industry | 19. Occupation <u>Housewife</u> 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 <u>One</u> | 21. Were precautions taken against ophthalmia neonatorum? |
| | (b) Born alive but now dead _____ | |
| | (c) Stillborn _____ | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 11:45 a.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 <u>J. N. Willson</u> (Physician or midwife) |
| | Address <u>Young Arizona</u> |

Given name added from a supplemental report _____
Month, day, year.Filed Feb. 20 1925 T. O. Young
Local RegistrarFiled 3/19 1925 A. E. Wightman
County Registrar

Registrar.

665-216-524

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.