

MARGIN RESERVED FOR BINDING

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.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Lima
District of _____
Town of Lower Miami
or _____
City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 121
County Registrar No. _____
Local Registrar No. _____

2. Full name of child Anna Jean Wade (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 Female 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 March 2 - 1925
Month Day Year

8. FATHER
Full name Pares J Wade
9. Residence (Usual place of abode) Miami Arizona
If non-resident, give place and state.

14. MOTHER
Full maiden name Theresa Barron
15. Residence (Usual place of abode) Tucson Arizona
If non-resident, give place and state.

10. Color or race White 11. Age at last birthday 30 (Years)

16. Color or race Mex 17. Age at last birthday 32 (Years)

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

18. Birthplace (city or place) Tucson Ariz.
(State or country)

13. Occupation
Nature of industry Carpenter

19. Occupation
Nature of industry Housewife

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 3
(b) Born alive but now dead 0
(c) Stillborn 0

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 Born alive at 9:30 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 Charles E. Dwin M.D.
Address Miami Arizona
(Physician or midwife.)

Given name added from a supplemental report. Filed April 5, 1925 Nelson & Brighton
Month, day, year Local Registrar.

Registrar Filed _____, 19____ County Registrar

165 - 302 - 325