

CORD and the number of each in

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

667

1. County of Yavapai
District of Prescott
Town of Prescott
or
City of Prescott

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 80
County Registrar No. _____
Local Registrar No. _____

No. Mercy Hospital St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Frank St Clair Wingert Jr { 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 _____ 6. Legitimate? Yes 7. Date of birth Aug. 26, 1925
Month Day Year

8. FATHER
Full name Frank St Clair Wingert Sr.
9. Residence (Usual place of abode) Crown King
If non-resident, give place and state.
10. Color or race White
11. Age at last birthday 33 (Years)

14. MOTHER
Full maiden name Dorch Morgan
15. Residence (Usual place of abode) Crown King
If non-resident, give place and state.
16. Color or race White
17. Age at last birthday 32 (Years)

12. Birthplace (city or place) Marchand
(State or country) Pa.

18. Birthplace (city or place) Milton
(State or country) Okla

13. Occupation Cattle raiser
Nature of industry _____

19. Occupation At Home
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 1
(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 9:30P 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 H. T. Southworth M. D. (Physician or midwife).
Address Prescott, Arizona

Given name added from a supplemental report. _____ Filed 8/26/25 19_____
Month, day, year Local Registrar

Registrar _____ Filed _____ 19_____
County Registrar.

663-826-445