

**ARIZONA STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**STANDARD CERTIFICATE OF BIRTH**

State File No. 165 ✓  
 Registered No. 302

**1. PLACE OF BIRTH**

County Gila State Arizona  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Globe No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

2. Full name of child Roy Eugene Jack Wilson (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 male To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 6. Legitimate? yes  
 5. No., in order of birth \_\_\_\_\_ 7. Date of birth 12-19-25  
 Month Day Year

**8. FATHER**  
 Full name Robert Fitch Wilson  
 9. Residence (Usual place of abode) Globe Arizona  
 If non-resident, give place and state. Arizona  
 10. Color or race white  
 11. Age at last birthday 46 (Years)  
 12. Birthplace (city or place) Texas  
 (State or country)  
 13. Occupation  
 Nature of industry Miner

**14. MOTHER**  
 Full maiden name Nettie Raper  
 15. Residence (Usual place of abode) Globe Ariz  
 If non-resident, give place and state. Ariz  
 16. Color or race white  
 17. Age at last birthday 38 (Years)  
 18. Birthplace (city or place) Birmingham Alabama  
 (State or country)  
 19. Occupation  
 Nature of industry Housewife

20. Number of children of this mother 5  
 (Taken as of time of birth of child herein certified and including this child.)  
 (a) Born alive and now living 5  
 (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 8:15 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 C. W. Adams  
Globe Ariz.  
 (Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_  
 Month, day, year \_\_\_\_\_  
 Address \_\_\_\_\_  
 Filed 12-31 1925 H. W. Hottel  
 Registrar Registrar

965-1219-599

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of a order of birth stated.