

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Yuma

District of _____

Town of _____

or

City of Miami

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 180

County Registrar No. 594

Local Registrar No. _____

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

2. Full name of child Wanda Jean Wilson { 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 April 29, 1926
Month Day Year

8. FATHER
Full name Alger Tarrett Wilson
Residence (Usual place of abode) Miami Arizona
If non-resident, give place and state. _____
10. Color or race White
11. Age at last birthday 27 (Years)
12. Birthplace (city or place) Texas
(State or country)
13. Occupation P. O. Clerk
Nature of Industry _____

14. MOTHER
Full maiden name Lillian Jean
15. Residence (Usual place of abode) Miami Arizona
If non-resident, give place and state. _____
16. Color or race White
17. Age at last birthday 27 (Years)
18. Birthplace (city or place) Oklahoma
(State or country)
19. Occupation Housewife
Nature of Industry _____

20. Number of children of this mother 2 (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 2 (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 120 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. Jorgensen, M.D. (Physician or midwife)
Address Miami Arizona

Given name added from a supplemental report _____
Month, day, year _____
Filed May 1, 1926 C. E. Jorgensen Local Registrar

Registrar _____ Filed _____, 19____ County Registrar _____

665-429-345