

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila,District of Globe,

Town of _____

or

City of Globe,BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTHState Index No. 190

County Registrar No. _____

Local Registrar No. 176No. 382 West Masquite, St. _____ Ward _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child William John ~~Wills~~, Merrifield } 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 _____ 5. No., in order of birth _____ 6. Legitimate? Yes 7. Date of birth 8 20 1926 Month day year8. FATHER
Full name Cyril L. Merrifield,9. Residence (Usual place of abode) Globe,
If nonresident, give place and state Arizona,10. Color or race White 11. Age at last birthday 22 (Years)12. Birthplace (city or place) Chicago,
(State or country) Ill.13. Occupation
Nature of industry Laborer14. MOTHER
Full maiden name Florance Wills,15. Residence (Usual place of abode) Globe, Ariz.
If nonresident, give place and state _____16. Color or race White 17. Age at last birthday 20 (Years)18. Birthplace (city or place) Globe,
(State or country) Ariz/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 1 } 21. Were precautions taken against ophthalmia neonatorum? Yes
(b) Born alive but now dead _____
(c) Stillborn _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* A.M.

I hereby certify that I attended the birth of this child, who was Born Alive at 7:30 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 evidences of life after birth.
Given name added from a supplemental report _____ Signature L. E. Wyckoff
(Physician or midwife)
Address Globe, Ariz.Filed 8/31 1926 Local Registrar, _____

Registrar.

Filed _____ 19 _____ County Registrar.

644-820-662