Items 8-12-16: Corr by T.C. Harper, MD's statement and aff. of parents. 5-15-68 IW

PLACE OF BIRTH

1. County of Gila

District of

Town of

or

City of Globe

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

CERTIFICATE AMENDED SEE NOTATION

State Index No. 125

County Registrar No.

Local Registrar No. 202

No. 246 E. Mesquite St. Ward

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

2. Full name of child Mary Maxine 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 2

6. Legitimate? yes

7. Date of birth Sept. 10, 1926 (Month, day, year)

FATHER

8. Full name Robert Henry Wilson

9. Residence (Usual place of abode) If nonresident, give place and state Globe, Arizona

10. Color or race White

11. Age at last birthday 24 (Years)

12. Birthplace (city or place) ~~Antonia~~ Little Rock (State or country) Arkansas ~~New Mexico~~

13. Occupation

Nature of industry miner

MOTHER

14. Full maiden name Mary Tom Longbotham

15. Residence (Usual place of abode) If nonresident, give place and state Globe, Arizona

16. Color or race White Mexican

17. Age at last birthday 24 (Years)

18. Birthplace (city or place) Fisher County (State or country) Texas

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 One
(b) Born alive but now dead none
(c) Stillborn none

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 (Born alive or stillborn.) at 8:20 p.m. on the date above stated.

*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.

Signature T. C. Harper, M.D. (Physician or midwife)

Address Globe, Arizona

Given name added from a supplemental report ..... Month, day, year. Filed ..... 19..... Registrar.

Filed 9/30 1926 H. H. Horst Local Registrar. County Registrar.

465-910-434

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.