

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.   
 READING INK—THIS IS A PERMANENT RECORD   
 In order of birth stated.

V

## ARIZONA STATE BOARD OF HEALTH

PLACE OF BIRTH  
 1. County of Gila  
 District of Young  
 Town of \_\_\_\_\_  
 or \_\_\_\_\_  
 City of \_\_\_\_\_

### BUREAU OF VITAL STATISTICS ORIGINAL CERTIFICATE OF BIRTH

State Index No. 129  
 County Registrar No. \_\_\_\_\_  
 Local Registrar No. 4

2. Full name of child Bessie Wyoming Wilbanks  
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 Female To be answered ONLY in event of plural births.   
 4. Twin, triplet or other \_\_\_\_\_   
 5. Legitimate? yes   
 6. Date of birth Sept 12 1926  
Month day year

8. FATHER  
 Full name Jessie James Wilbanks  
 9. Residence Young, Ariz.  
(Usual place of abode)  
If nonresident, give place and state

14. MOTHER  
 Full maiden name Sarah Knowse  
 15. Residence Young, Ariz.  
(Usual place of abode)  
If nonresident, give place and state

10. Color or race White  
 11. Age at last birthday 29 (Years)

16. Color or race White  
 17. Age at last birthday 25 (Years)

12. Birthplace (city or place) Petersburg  
(State or country)

18. Birthplace (city or place) Sacramento Ms  
(State or country) New Mexico

13. Occupation Cowboy  
Nature of industry

19. Occupation Housewife  
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... 3  
 (b) Born alive but now dead...  
 (c) Stillborn

21. Were precautions taken against ophthalmia neonatorum?

#### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 3:30 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 evidences of life after birth.  
 Signature Mrs. N & R Housewife  
(Physician or midwife)  
 Address Young

Given name added from supplemental report \_\_\_\_\_  
 Filed Sept 17 1926 Ola Young  
Month, day, year. Local Registrar.  
 Registrar. \_\_\_\_\_ County Registrar. \_\_\_\_\_

262-912.225