

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 201

Registered No. _____

1. PLACE OF BIRTH

County Cila State Arizona

District or Township _____ or Village _____

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

2. Full name of child Minnie Leona Lewis (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 1 6. Legitimate? Yes 7. Date of birth July 26th 1928
 Month Day Year

8. FATHER Full name Carl Graham Lewis

14. MOTHER Full maiden name Rona Lovella Barkley

9. Residence (Usual place of abode) Wilhelman, Ariz.
 If non-resident, give place and state.

15. Residence (Usual place of abode) Wilhelman, Ariz.
 If non-resident, give place and state.

10. Color or race White, U.S.A. 11. Age at last birthday 28 (Years)

16. Color or race White U.S.A. 17. Age at last birthday 28 (Years)

12. Birthplace (city or place) El Paso, Texas
 (State or country)

18. Birthplace (city or state) Mesa, Ariz.
 (State or country)

13. Occupation Physician
 Nature of industry Housewife

19. Occupation Housewife
 Nature of industry Housewife

20. Number of children of this mother 2 (a) Born alive and now living 2
 (Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead 0
 (c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum. YEA

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at 5:20 A.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 Wm. Butler, M.D.

Given name added from a supplemental report _____ Address Wilhelman, Ariz.
 Month, day, year _____ (Physician or midwife)

Filed March 7, 1928

Registrar _____ Registrar _____

432-226-528

order of birth stated.