SUPPLEMENT ATTACHED

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 173

Registered No. 573

1. PLACE OF BIRTH

County Gila State Arizona

District or Township or Village

City Miami No. Hill St. St., Ward

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

2. Full name of child Rubey Edna Wood { 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 Dec. 24-1928 (Month Day Year)

FATHER	MOTHER
8. Full name Francis Nesse Wood	14. Full maiden name Rubey Edna Ollso
9. Residence (Usual place of abode) Miami. If non-resident, give place and state. Arizona.	15 Residence (Usual place of abode) Miami. If non-resident, give place and state. Arizona.
Color or race Cauc. 11. Age at last birthday 25 (Years)	16 Color or race Cauc. 17. Age at last birthday 18 (Years)
12. Birthplace (city or place) Solomanville. (State or country) Arizona.	18. Birthplace (city or place) Wheatfields, (State or country) Arizona
13. Occupation Nature of industry Chauffer	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.) 1 | (a) Born alive and now living 1 (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 (Born alive or ~~stillborn~~.) at 10 30 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 evidence of life after birth.

Signature Cyril M. Crow M.D.

Physician (Physician or ~~midwife~~).

Given name added from a supplemental report Month, day, year

Address Miami, Arizona

Filed Jan 11, 1929 C. E. [illegible] Registrar

Registrar

964-1224-965