

PLACE OF BIRTH

1. County of Cochise
 District of Vernon
 Town of _____
 or
 City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 4
 County Registrar No. _____
 Local Registrar No. _____

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

2. Full name of child Clara Maritine Wilhelm } 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 _____ 6. Legitimate? _____
 5. Date of birth Jan 8 1929
 Month day year

5. FATHER Full name Clyde Edwin Wilhelm 14. MOTHER Full maiden name Clara Whiting

9. Residence (Usual place of abode) Vernon 15. Residence (Usual place of abode) Vernon
 If nonresident, give place and state

10. Color or race White 16. Color or race White
 11. Age at last birthday 29 (Years) 17. Age at last birthday 21 (Years)

12. Birthplace (city or place) Vernon 18. Birthplace (city or place) Old Mexico
 (State or country) Arizona (State or country)

13. Occupation stockman & Farmer 19. Occupation house wife
 Nature of industry

20. Number of children of this mother (a) Born alive and now living _____
 (b) Born alive but now dead _____
 (c) Stillborn _____
 (Taken as of time of birth of child herein certified and including this child.) 2 21. Were precautions taken against oph-
 thalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ (Born alive or stillborn.) at 6 Am. 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.
 Given name added from a supplemental report _____
 Signature _____ (Physician or midwife)
 Address N. M. Riggs

Month, day, year. _____ Filed _____ 19____
 Registrar. _____ Filed _____ 19____
 Local Registrar. N. M. Riggs
 County Registrar.