

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 143
 Local Registrar's No. 19

1. PLACE OF BIRTH

County Gila State _____
 District or Township _____ or Village _____
 City Hayden No. _____ St. _____ Ward _____

2. Full name of child Willie Elizabeth Parker
(If birth occurred in 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. No. in order of birth _____
 6. Legitimate? Yes
 7. Date of birth March 5 1929
Month Day Year

FATHER
 8. Full name Charles L. Parker
 9. Residence (Usual place of abode) Hayden
 If non-resident, give place and state.

MOTHER
 14. Full maiden name Olin Carme
 15. Residence (Usual place of abode) Hayden
 If non-resident, 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 23 (Years)

12. Birthplace (city or place) Nashville
 (State or country) Tenn

18. Birthplace (city or place) Los Angeles
 (State or country) Calif

13. Occupation Oilier
 Nature of industry The Power House

19. Occupation House wife
 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 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 or stillborn) at 10:30 a.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 Charles L. Parker

Address Hayden, Arizona

Filed Mar 9, 1929 Registrar W. J. [Signature]

679-305-632

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 order of birth stated.