

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH 203

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. _____

County Registrar No. _____

Local Registrar No. 139

St. _____ Ward _____

No. Bailey + 5th
(If birth occurred in a hospital or institution, give its NAME instead of street and number)name of child Harley Newton Wills If child is not yet named, make supplemental report, as directed.of Child all To be answered ONLY in event of plural births.4. Twin, triplet or other. _____ 6. Legitimate? yes5. No., in order of birth. _____ 7. Date of birth 7-30-1929

Month day year

FATHER

Name Harley Lloyd WillsResidence (Usual place of abode) Herbenonresident, give place and state Herbe, Ariz.Color or race White11. Age at last birthday 27 (Years)Birthplace (city or place) St. Thomas(State or country) ArizonaOccupation Truck DriverNature of industry HousewifeNumber of children of this mother (a) Born alive and now living 1(b) Born alive but now dead 0(c) Stillborn 021. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I certify that I attended the birth of this child, who was born alive at 12:30 a.m. on the date above stated.
(born alive or stillborn.)Signature H. E. Wightman M.D.
(Physician or midwife)Address 3701 E. BroadwayFiled 8/7 1929 H. E. Wightman M.D. Local Registrar.

Month, day, year. Filed _____ 19____ County Registrar.

Registrar.

862-720-428