

In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

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

State File No. 384  
Registered No. 279

1. PLACE OF BIRTH

County Maricopa State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Chandler No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Nathel Willis { 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? \_\_\_\_\_ 7. Date of birth Aug. 12 - 1929  
Month Aug Day 12 Year 1929

8. Nathel Willis FATHER Full name

14. Fern Eveline Ray MOTHER Full maiden name

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

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

10. Color or race White 11. Age at last birthday 26 (Years)

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

12. Birthplace (city or place) Snow Flake  
(State or country) Ark.

18. Birthplace (city or place) \_\_\_\_\_  
(State or country) Mexico

13. Occupation Rancher  
Nature of Industry

19. Occupation Housewife  
Nature of Industry

20. Number of children of this mother 4 (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 4 (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_ 21. Were precautions taken against ophthalmia neonatorum? \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born Alive at 8 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 Jas. M. Meason (Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_ Address Chandler, Arizona

Month, day, year \_\_\_\_\_ Filed 9-10, 1929 Jas. M. Meason Registrar

560-812-698