

## PLACE OF BIRTH

## ARIZONA STATE BOARD OF HEALTH

1. County of .....

District of .....

Town of .....

or

City of **Phoenix,**BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTHState Index No. **458**

County Registrar No. ....

Local Registrar No. **1477**No. **2521 West Adams** St. .... Ward

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

2. Full name of child **Edna Wolford**  
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 **9/20/29**  
Month Day Year8. FATHER  
Full name **Frank Wolford**9. Residence **Phoenix, Ariz.**  
(Usual place of abode)  
If nonresident, give place and state10. Color or race **Mexican**  
11. Age at last birthday **33** (Years)12. Birthplace (city or place) **New Mexico**  
(State or country)13. Occupation **M. Law rer**  
Nature of industry14. MOTHER  
Full maiden name **Mary Abeyta**15. Residence **Phoenix, Arizona.**  
(Usual place of abode)  
If nonresident, give place and state16. Color or race **Mexican**  
17. Age at last birthday **33** (Years)18. Birthplace (city or place) **Colorado**  
(State or country)19. Occupation **H.W.**  
Nature of industry20. 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 **7**  
(b) Born alive but now dead.....  
(c) Stillborn.....  
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** at ..... m. on the date above stated.  
(Born alive or stillborn)\*When there was no attending physician, midwife, then the father, householder, should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.  
Signature **E. L. Hicks** (Physician or midwife)  
Address **E. L. Hicks, M. D.**  
**Physicians Bldg. Phoenix, Ariz.**In name added from supplemental report  
Month, day, year. **10/1/29**  
Registrar. **[Signature]**  
Filed ..... 19..... Local Registrar.  
Filed ..... 19..... County Registrar.