

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila
 District of Roosevelt
 Town of Roosevelt
 or
 City of Roosevelt

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 164
 County Registrar No. _____
 Local Registrar No. 174

2. Full name of child Bill McClean Patterson
 (If birth occurred in a 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 Male 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 Sept 19-1929
 Month Sept day 19 year 1929

3. FATHER
 Full name Carl Ches. Patterson

9. Residence (Usual place of abode) Roosevelt
 If nonresident, give place and state Ariz.

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

12. Birthplace (city or place) Liverpool
 (State or country) England

13. Occupation
 Nature of industry Engineer Operator

14. MOTHER
 Full maiden name Loris May Clark

15. Residence (Usual place of abode) Roosevelt
 If nonresident, give place and state Arizona

16. Color or race White
 17. Age at last birthday 26 (Years)

18. Birthplace (city or place) Beddington
 (State or country) England

19. Occupation
 Nature of industry Housewife

20. Number of children of this mother 3
 (Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living two
 (b) Born alive but now dead one
 (c) Stillborn none
 21. Were precautions taken against opthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2:20 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 evidences of life after birth.
 Signature G. E. Wightman M.D.
 (Physician or midwife)

Address Gilbert Ariz.

Given name added from a supplemental report _____
 Month, day, year. _____
 Filed 10/7 1929 G. E. Wightman M.D.
 Local Registrar.

Registrar. _____
 County Registrar. _____

275-919-432-