

order of birth stated.

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

State File No. 182 A  
Registered No. \_\_\_\_\_

1. PLACE OF BIRTH

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

2. Full name of child Henry Yee  
(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. Legitimate? Yes 7. Date of birth Oct 1 1929  
Month Day Year

8. FATHER  
Full name Yee Chee Yung

14. MOTHER  
Full maiden name  Ong See

9. Residence (Usual place of abode) Winselman, Arizona  
If non-resident, give address \_\_\_\_\_

15. Residence (Usual place of abode) Winselman, Ariz.  
If non-resident, give address \_\_\_\_\_

10. Color or race Chinese 11. Age at last birthday 31 (Years)

16. Color or race Chinese 17. Age at last birthday 32 (Years)

12. Birthplace (city or place) China  
(State or country)

18. Birthplace (city or state) China  
(State or country)

13. Occupation  
Nature of industry Merchant

19. Occupation  
Nature of industry Housewife

20. Number of children of this mother. (Taken as of time of birth of child herein certified and including this child.) 3  
(a) Born alive and now living \_\_\_\_\_  
(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 Oct 1 1929 at 12:40 A.M. on the date above stated.

Signature P. M. Butler, M.D.  
Physician \_\_\_\_\_  
(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_ Address Winselman, Arizona  
Month, day, year \_\_\_\_\_

Registrar. Filed Oct 4 1929 Registrar.

885-930-267