

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 1464
Registered No. 794

PLACE OF BIRTH

County Gila State Arizona
City, Village, or Township Miami

No. 4103 Highland Ave St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

Full name of child Maymele Wilson { If child is not yet named, make supplemental report, as directed.

Sex of Child Female To be answered ONLY in event of plural births. } 4. Twin, triplet or other _____ 6. Legitimate? Yes
5. No., in order of birth _____ 7. Date of birth Oct 24 1929
Month Day Year

FATHER
Full name Ray Lee Wilson
Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.

MOTHER
Full maiden name Lela Bell Mc Gaughey
15. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.

Color or race White 11. Age at last birthday 34 (Years)

16. Color or race White 17. Age at last birthday 30 (Years)

Birthplace (city or place) Sulphur Springs
(State or country) Oklahoma

18. Birthplace (city or place) Coleman
(State or country) Texas

Occupation Miner
Nature of industry Copper

19. Occupation Housewife
Nature of industry _____

Number of children of this mother 5 (a) Born alive and now living 3 21. Were precautions taken against ophthalmia neonatorum. Yes
(b) Born alive but now dead 2
(c) Stillborn 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was alive at 8 P 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 J. J. Fowler
(Physician or midwife)

Address Miami, Arizona
Month, day, year _____

Registrar. Oct 30 19 29 Registrar.

465-1024-348