

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

State File No. 141
Registered No. 528

1. PLACE OF BIRTH

County Pima State Arizona
District or Township _____ or Village _____
City Miami No. Miami Inspiration Hospital St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Kenneth Arnold Wagg (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 _____ 6. Legitimate? yes 7. Date of birth Nov 13 1929
Month Day Year

8. FATHER
Full name Kenneth Beveln Wagg

14. MOTHER
Full maiden name Lillian Gratts

9. Residence (Usual place of abode) 1653 Pine St Miami, Arizona
If non-resident, give place and state.

15. Residence (Usual place of abode) 1653 Pine St Miami, Arizona
If non-resident, give place and state.

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

16. Color or race White 17. Age at last birthday 27 (Years)

12. Birthplace (city or place) Albuquerque
(State or country) New Mexico

18. Birthplace (city or place) Durant
(State or country) Oklahoma

13. Occupation Miller, Concentrator
Nature of industry Copper mine

19. Occupation Housewife
Nature of industry _____

20. Number of children of this mother 2 } (a) Born alive and now living 2
(Taken as of time of birth of child herein certified and including this child.) } (b) Born alive but now dead 0
(c) Stillborn 0

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 alive at 6:20 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 evidence of life after birth.

Signature F. J. Miller
(Physician or midwife)

Given name added from a supplemental report _____
Month, day, year _____

Address Miami, Arizona
Filed Nov 20 19 29 R. E. Jones Registrar

Registrar

267-113 372