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ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State Index No. 160
Co. Register No. 292
Local Registrar's No. _____

PL. PLACE OF BIRTH
County of Maricopa
District of _____
Town of _____
City of _____

ORIGINAL CERTIFICATE OF BIRTH (No. _____ St. _____ W. _____)

FULL NAME OF CHILD _____
If child is not named, make Supplemental Report on blank obtainable from local registrar. } Born NO } YES
Alive

Sex of Child <u>Male</u>	Twin, Triplet or other <u>X</u>	and	Number in order of birth <u>X</u>	Legitimate? <u>Yes</u>	Date of Birth <u>Sept 16 1921</u> (Month) (Day) (Yr)
FATHER			MOTHER		
Full Name <u>Evan Wynn</u>			Full Maiden Name <u>Mable Cardon</u>		
Residence <u>Phoenix Ariz</u>			Residence <u>Phoenix Ariz</u>		
Color or Race <u>White</u>	Age at last Birthday <u>28</u> (Years)	Color or Race <u>White</u> Age at last Birthday <u>26</u> (Years)			
Birthplace <u>Ill. h</u>			Birthplace <u>Old Mex.</u>		
Occupation <u>Farmer</u>			Occupation <u>Housewife</u>		
Number of child of this mother <u>4</u>	Number of Children, of this mother, now living <u>4</u>	Were precautions taken against Ophthalmia neonatorum? <u>Yes</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on Sept 16 1921 at 10 AM.

*When there is no attending physician or midwife, then the householder should make this return.

(Signature) J. H. Bailey M.D.
(Attending physician, midwife, householder. *)

Given or Christian name added from a supplemental report _____ 191____

Address _____

Filed Oct 5 1921

A True Copy Filed 10/10 1921

1665-716-435
COUNTY REGISTRAR.

This certificate is valid only if filed within 5 days after 1. th. registration.