

CERTIFICATION OF VITAL RECORD

STATE OF IDAHO

IDAHO DEPARTMENT OF HEALTH AND WELFARE
COOPERATIVE CENTER FOR HEALTH STATISTICS

666-212-010-313
Federal Security Agency
United States Public Health Service

RECEIVED
(Be sure the information is complete and accurate)
MAR 10 1959

111-5907
State File No. **1650**
Local Reg. No. **175**
Reg. Dist. No. **610**

1. PLACE OF BIRTH a. COUNTY Bonneville b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Idaho Falls, Idaho c. FULL NAME OF HOSPITAL OR INSTITUTION L.D.S. Hospital		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bonneville c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Idaho Falls, Idaho d. STREET ADDRESS 185 East 20th	
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3. CHILD'S NAME (Type or print)		a. (First)	b. (Middle)	c. (Last)
		JoAnne		Wood
4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)		6. DATE OF BIRTH
Girl	SINGLE <input checked="" type="checkbox"/> TW <input type="checkbox"/> TRIPLET <input type="checkbox"/>	1ST <input type="checkbox"/>	2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	(Month) (Day) (Year) February 12, 1959

FATHER OF CHILD				
7. FULL NAME	a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE
	Richard	E.	Wood	white
9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)(City or Town)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY	
30 YEARS	of Farmington, Utah	Physicist	General Electric Co	

MOTHER OF CHILD				
12. FULL MAIDEN NAME	a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE
	Afton		Call	white
14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)(City or Town)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
31 YEARS	Layton, Utah	a. How many OTHER children are now living? 4	b. How many OTHER children were born alive but are now dead? 0	c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0
17. INFORMANT'S SIGNATURE OR NAME (Relationship)				
<i>Afton C. Woody</i> Mother				

I hereby certify that this child was born alive on the date stated above.	18a. SIGNATURE	18b. ATTENDANT AT BIRTH
	<i>James S. Bills</i>	M. D. <input type="checkbox"/> MIDWIFE <input type="checkbox"/> OTHER (Specify)
	18c. ADDRESS	18d. DATE SIGNED
	Idaho Falls, Idaho	February 15, 1959
19. DATE REC'D BY LOCAL REG.	20. REGISTRAR'S SIGNATURE	21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar)
March 7-1959	<i>Anna Budger</i>	

I certify that this is a true and correct reproduction or abstract of an official record filed with the IDAHO COOPERATIVE CENTER FOR HEALTH STATISTICS.

DATE ISSUED: MAR 29 1959

Jane S. Smith
JANE S. SMITH
State Registrar

