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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 104

Registered No. 104

1. PLACE OF BIRTH

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

2. Full name of child Sorothy May Mc Gregor

If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births.
 4. Twin, triplet or other. _____
 5. No., in order of birth 6
 6. Legitimate? yes
 7. Date of birth Feb. 5 1930
 Month Day Year

8. FATHER
 Full name Roy Mc Gregor
 9. Residence (Usual place of abode) Inspiration, Ariz.
 If non-resident, give place and state.
 10. Color or race White
 11. Age at last birthday 39 (Years)
 12. Birthplace (city or place) Nebraska
 (State or country)
 13. Occupation Craftsman
 Nature of industry Mining

14. MOTHER
 Full maiden name Wable Jones
 15. Residence (Usual place of abode) Inspiration, Ariz.
 If non-resident, give place and state.
 16. Color or race White
 17. Age at last birthday 34 (Years)
 18. Birthplace (city or place) _____
 (State or country) Indiana
 19. Occupation _____
 Nature of industry House Wife

20. Number of children of this mother 6
(Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living 5
 (b) Born alive but now dead 1
 (c) Stillborn None
 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 5 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 John Hagan M.D.
(Physician or midwife).

Given name added from a supplemental report _____
Month, day, year _____
Address Inspiration, Ariz.

Filed Feb 11 19 30
Registrar L. E. Jones

479205-412

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.