MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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 entered.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 131

Registered No. 321

1. PLACE OF BIRTH

County Gila State Arizona

District or Township ..... or Village .....

City Miami No. ..... St. ..... Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Alvin Bennie Coy (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 .....

5. No., in order of birth .....

6. Legitimate? Yes.

7. Date of birth Oct 24-1931 (Month Day Year)

FATHER

8. Full name Wm. Madrid Coy

9. Residence (Usual place of abode) Miami

If non-resident, give place and state. Arizona

10. Color or race White

11. Age at last birthday 27 (Years)

12. Birthplace (city or place) .....

(State or country) Kentucky

13. Occupation Boiler Maker.

Nature of industry

MOTHER

14. Full maiden name Vina Haynie

15. Residence (Usual place of abode) Miami

If non-resident, give place and state. Arizona

16. Color or race White

17. Age at last birthday 20 (Years)

18. Birthplace (city or place) Pima

(State or country) Arizona

19. Occupation Housewife

Nature of industry

20. Number of children of this mother 2 (Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 2

(b) Born alive but now dead 0

(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum?

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn.) at 2:30 p.m. on the date above stated.

* 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 Charles E. Irvin M.D. (Physician or midwife).

Address Miami Arizona

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

137-1026-585 Registrar

Filed Oct 27, 1931. C. E. Irvin Registrar