109

PLACE OF BIRTH

County of _____

District of _____

Town of _____

or

City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS.

ORIGINAL CERTIFICATE OF BIRTH.

State Index No. 82

Co. Register No. 105

Local Registrar's No. _____

(No. _____ St; _____ Ward)

FULL NAME OF CHILD Marion Madeline McInroy { Born / Alive } YES / NO

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Sex of Child	Twin, Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth
Female	✓		✓	Yes	June 8 1912 (Month) (Day) (yr.)

FATHER		MOTHER	
Full Name	Clarence G. McInroy	Full Maiden Name	Martha Marion Wilson
Residence	541 Monroe St.	Residence	Same
Color or Race	White	Color or Race	White
Age at last Birthday	33 (Years)	Age at last Birthday	30 (Years)
Birthplace	Wellsboro, Penn.	Birthplace	Liberty, Penn.
Occupation	Salesman	Occupation	Housewife

Number of child of this mother 5 | Number of children, of this mother, now living 3 | Were precautions taken against Ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on June 8 1912, at 5 P.M.

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

(Signature) C. J. Sturgeon
(Attending physician, midwife, householder.*)

Given or christian name added from a supplemental report _____ 191__

Address _____

Filed 6/12 1912 B. G. Frost
LOCAL REGISTRAR

A True Copy

Filed 6/12 1912 B. G. Frost
COUNTY REGISTRAR.

448-608-465
COUNTY REGISTRAR.

In case of more than one child at a birth, a SEPARATE RETURN must be made for each, an number of each, in order of birth, stated. This certificate must be filed by the attending Physician Midwife with each local Registrar within 5 days after birth.