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PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

County of Gila

BUREAU OF VITAL STATISTICS 124 State Index No. 897

District of _____

ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 267

Town of Globe

Local Registrar's No. _____

City of _____ (No. _____ St; _____ Ward)

FULL NAME OF CHILD Virginia Rose Isrore } Born } YES
Alive } ~~NO~~

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

Sex of Child Female Twin, Triplet or other No and Number in order of birth 1 Legitimate? Yes Date of Birth Sept. 10 1915
(Month) (Day) (Yr.)

FATHER
Full Name Leonard Roy Isrore
Residence Miami Ariz
Color or Race White Age at last Birthday 26 (Years)
Birthplace Texas
Occupation Railway clerk

MOTHER
Full Maiden Name Lillian Lucel Floyd
Residence Miami Ariz
Color or Race White Age at last Birthday 23 (Years)
Birthplace Arkansas
Occupation House wife

Number of child of this mother 1 Number of children, of this mother, now living 1 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 Sept 10 1915, at 4 P M.
{ *When there is no attending physician or midwife, then the householder should make this return. }

(Signature) B. M. Hardy M.D.
(Attending physician, midwife, householder.)*

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

Address Miami Ariz

Filed Sept 15 1915

John H. Tracy LOCAL REGISTRAR

575-910-364
COUNTY REGISTRAR.

Filed Oct 9 1915

A True Copy B. J. Jay
COUNTY REGISTRAR.

RETURN TO LOCAL REGISTRAR WITHIN 5 DAYS AFTER BIRTH.