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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS 147

State Index No. 523

Co. Register No. 56

Local Registrar's No.

PLACE OF BIRTH

County of

District of

Town of
or
City of

ORIGINAL CERTIFICATE OF BIRTH

(No. St; Ward)

FULL NAME OF CHILD Gene Catherine McIlroy

Born / Alive — YES / ~~NO~~

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

Sex of Child Female | ~~Twin, Triplet~~ or other | and | Number in order of birth | Legitimate? yes | Date of Birth 2 (Month) - 29 (Day) - 1916 (Yr.)

FATHER		MOTHER	
Full Name	Frank McIlroy	Full Maiden Name	Catherine Clark
Residence	Miami Ariz	Residence	Miami Ariz
Color or Race	White American	Age at last Birthday	26 (Years)
Birthplace	Colo	Birthplace	Minn
Occupation	Laborer	Occupation	Housewife

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 Feb-29-1916, at 8 P.M.

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

(Signature) T. H. Slaughter
(Attending physician, midwife, householder.*)

Address Miami Ariz

Given or christian name added from a supplemental report 191

Filed Mar 3 1916

John H. Lacey
LOCAL REGISTRAR.

748-229-332
COUNTY REGISTRAR.

Filed Mar 6 1916

A True Copy B. G. Fox
COUNTY REGISTRAR.

Midwife with each local Registrar within 5 days after birth. This certificate must be filed by the attending Physician or