ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 160

Co. Registrar's No. 562

Local Registrar's No. _____

PLACE OF BIRTH

County of Gila

District of _____

Town of Miami

or

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

LL NAME OF CHILD John Davis Irvin

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

Born Alive: YES ~~NO~~

x of ld M | Twin, Triplet or other 1 | and | Number in order of birth 1 | Legitimate? Y | Date of Birth Sept 14 1918 (Month Day Yr.)

FATHER		MOTHER	
l ame	Charles E. Irvin	Full Maiden Name	Fern Boyer
esidence	Miami	Residence	Miami
or Race	White	Color or Race	White
Age at last Birthday	31 Years	Age at last Birthday	30 Years
irthplace	Ky	Birthpla	Indiana
ccupation	M. D.	Occupation	Housewife

mber of child of this Mother 2 | Number of Children, of this mother, now living 2 | Were precautions taken against Ophthalmia neonatorum? Y

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

reby certify that I attended the birth of the above child; and that it occurred on Sept 14 1918 at 6 P M.

*When there is no attending physi-
n or midwife, then the householder
ould make this return.

Signature B. W. Hand M. D.
Attending physician, midwife, householder.*

Address Miami

Given or Christian name added from a
plemental report _____ 191__ Filed Dec 31 1918

John H. Lacy
LOCAL REGISTRAR.

195-914-6 Filed Jan 8 1919 A True Copy B. G. Fox
COUNTY REGISTRAR. COUNTY REGISTRAR.