901

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 1[illegible]

Co. Registrar's No. 610

Local Registrar's No. .....

PLACE OF BIRTH

County of Gila

District of .....

Town of Miami

or

City of .....

(No. ..... St; ..... Ward)

FULL NAME OF CHILD Wilford Irwin Stacey

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

Born Alive YES ~~NO~~

Sex of Child M | Twin, Triplet or other 1 | and | Number in order of birth 1 | Legitimate? Y | Date of Birth Dec 29 1918 (Month Day Yr.)

FATHER		MOTHER	
Full Name	Wm Clyde Stacey	Full Maiden Name	Olive Ballard
Residence	Miami	Residence	Miami
Color or Race	White	Color or Race	White
Age at last Birthday	28 Years	Age at last Birthday	21 Years
Birthplace	Mo.	Birthplace	Arizona
Occupation	Carpenter	Occupation	Housewife

Number of child of this Mother 3 | 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 the above child; and that it occurred on Dec 29 1918, at 2 P M.

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

628
1229
624

Signature Cheryl E. Irwin M.D.

Attending physician, midwife, householder.*

Address Miami

Given or Christian name added from a supplemental report ..... 191..

Filed Dec 31 1918

John H Lacy

LOCAL REGISTRAR.

True Copy B.S. Fox

COUNTY REGISTRAR.

Filed

COUNTY REGISTRAR.