

R. A. WATKINS PRINTING CO., PHOENIX

PLACE OF BIRTH
 County of Greenlee **ARIZONA STATE BOARD OF HEALTH**
 District of Bureau **BUREAU OF VITAL STATISTICS** State Index No. 218
 Town of _____ **ORIGINAL CERTIFICATE OF BIRTH** Co. Register No. 368
 or _____ Local Registrar's No. 23
 City of _____ (No. _____ St.; _____ Ward)

FULL NAME OF CHILD Ira Edwin Gale } Born NO
 If child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive YES

Sex of Child	<u>Male</u>	Twin, Triplet or other	<u>X</u>	and	Number in order of birth	<u>X</u>	Legitimate?	<u>Yes</u>	Date of Birth	<u>July 31</u> 191 <u>9</u> (Month) (Day) (Yr.)	
FATHER						MOTHER					
Full Name	<u>Ira Boutwell Gale</u>					Full Maiden Name	<u>Bertie Menerva Layton</u>				
Residence	<u>Franklin Co</u>					Residence	<u>Franklin Co</u>				
Color or Race	<u>White</u>	Age at last Birthday	<u>31</u>	(Years)	Color or Race	<u>White</u>	Age at last Birthday	<u>26</u>	(Years)		
Birthplace	<u>Old Mex.</u>					Birthplace	<u>Ariz</u>				
Occupation	<u>Farmer</u>					Occupation	<u>House wife</u>				
Number of child of this mother	<u>3rd</u>	Number of Children, of this mother, now living	<u>2</u>			Were precautions taken against Ophthalmia neonatorum?	<u>Yes</u>				

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
 I hereby certify that I attended the birth of the above child; and that it occurred on July 31 1919, at 4 AM.
 (*When there is no attending physician or midwife, then the householder should make this return.)
 (Signature) J. H. Bailey MD
 (Attending physician, midwife, householder. *)
Mesa Ariz

Given or Christian name added from a supplemental report _____ 191____
 Address _____
 Filed Aug 4 1919
975-731-235 A True Copy
 COUNTY REGISTRAR. Filed 8-8 1919
John Evans LOCAL REGISTRAR.
L. A. M. Purdy COUNTY REGISTRAR.