2323

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Gila

District of Winkelman

Town of Winkelman
or
City of ..... (No. ..... St: ..... Ward)

State Index No. 147

Co. Registrar's No. 540

Local Registrar's No. 1

FULL NAME OF CHILD Irin Joan Trosper

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

Born Alive YES ~~NO~~

Sex of Child Female | ~~Twin, Triplet~~ or other 1 | and | Number in order of birth 1st | Legitimate? Yes | Date of Birth October 9th 1919 (Month Day Yr.)

FATHER		MOTHER	
Full Name	George Jackson Trosper	Full Maiden Name	Lillian Stipple
Residence	Winkelman Arizona	Residence	Winkelman Arizona
Color or Race	White	Color or Race	White
Age at last Birthday	31 Years	Age at last Birthday	28 Years
Birthplace	Platte City Mo	Birthplace	Atchison Kansas
Occupation	Refrigerating Engineer	Occupation	Housewife

Number of child of this Mother 5 | 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 October 9th 1919, at 11:50 pm.

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

Signature M. G. E. Shields
Attending physician, midwife, householder.

Address Hayden, Ariz

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

Filed Nov 31 1919

H. J. Roberts
LOCAL REGISTRAR.

939-1009-385
COUNTY REGISTRAR.

A True Copy

Filed Nov 6 1919

B. G. Fox
COUNTY REGISTRAR.

or midwife with each local Registrar within 5 days after birth.