

2327

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

County of Maricopa

BUREAU OF VITAL STATISTICS

State Index No. 50

District of _____

ORIGINAL CERTIFICATE OF BIRTH

Co. Register No. 6

Town of Miami

Local Registrar's No. _____

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

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

Sex of Child M } Twin, Triplet or other 1 } and } Number in order of birth 2 } Legitimate? Y } Date of Birth Oct 12 1919
(Month) (Day) (Yr.)

FATHER
Full Name Buel Edgar Irwin
Residence Miami
Color or Race Wh Age at last Birthday 28 (Years)
Birthplace Texas
Occupation Engineer

MOTHER
Full Maiden Name Ethel Cayer
Residence Miami
Color or Race Wh Age at last Birthday 22 (Years)
Birthplace Texas
Occupation H.

Number 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*

I hereby certify that I attended the birth of above child; and that it occurred on Oct 12 1919, at _____

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

(Signature) Richard E. Irwin
(Attending physician, midwife, householder)

Given or christian name added from a supplemental report _____ 191_____

Address Miami

Filed 1/30/20 1920

J.H. Slawson
LOCAL REGISTRAR

795-1012-539
COUNTY REGISTRAR

Filed Feb 5 1920

A True Copy R. J. Wolf
COUNTY REGISTRAR