[redacted]

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Gila

District of

Town of Miami
or
City of

State Index No. 167

Co. Registrar's No. 133

Local Registrar's No.

(No. St; Ward)

FULL NAME OF CHILD Georgie Leroy Chastain

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 Feb 22 1920 (Month Day Yr.)

FATHER		MOTHER	
Full Name	Roy Allen Chastain	Full Maiden Name	Mary Knox
Residence	Miami	Residence	Miami
Color or Race	Wh	Color or Race	Wh
Age at last Birthday	25 Years	Age at last Birthday	19 Years
Birthplace	Indiana	Birthplace	New Mexico
Occupation	Mechanic	Occupation	X

Number of child of this Mother 1 | Number of Children, of this mother, now living 1 | 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 Feb 22 1920, at 1 P M.

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

Signature Charles E. Irvin
Attending physician, ~~midwife, householder.~~*

Given or Christian name added from a supplemental report 191

Address Miami

Filed 2/28/1920

[signature]
LOCAL REGISTRAR.

735-222-427
COUNTY REGISTRAR.

Filed Mar 6 1920

A True Copy

[signature]
COUNTY REGISTRAR.

[illegible] be filed by the attending Physician or midwife with each local Registrar within 5 days after birth.