4137

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 121

Co. Registrar's No. 146

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 Alora Jane Boland | Born Alive | YES ~~NO~~

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

Sex of Child Female | ~~Twin, Triplet~~ or other | and | Number in order of birth 1 | Legitimate? yes | Date of Birth March 3 1921 (Month Day Yr.)

FATHER		MOTHER	
Full Name	Richard Foster Boland	Full Maiden Name	Mary Franc Beason
Residence	Miami, Arizona	Residence	Miami, Arizona
Color or Race	Caucasian	Color or Race	Caucasian
Age at last Birthday	45 Years	Age at last Birthday	33 Years
Birthplace	Philadelphia, Pa	Birthplace	Irwin, Iowa
Occupation	Bookkeeper	Occupation	Housewife

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 March 3, 1921, at 1:15 P.M.

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

Signature Cyril M. Crow M.D.

Attending physician, ~~midwife, householder.*~~

Address Miami, Arizona

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

Filed Mar 31 1921

B. W. Haidy M.D.

LOCAL REGISTRAR.

124-303-425

COUNTY REGISTRAR.

Filed Nov 6 1921

A True Copy

[illegible]

COUNTY REGISTRAR.

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