4146

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 328

Co. Registrar's No. 152

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 Emily Jane Goolsby

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

Born Alive YES ~~NO~~

Sex of Child F | Twin, Triplet or other 1 | and | Number in order of birth 1 | Legitimate? Y | Date of Birth Mch 6 1921 (Month Day Yr.)

FATHER

Full Name Joseph Arthur Goolsby

Residence Miami

Color or Race White | Age at last Birthday 28 Years

Birthplace Colo

Occupation Chauffeur

MOTHER

Full Maiden Name Lillian Sandoy

Residence Miami

Color or Race Wh. | Age at last Birthday 21 Years

Birthplace Arizona

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 Mch 6 1921, at 12:30 P.M.

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

Signature Charles E. Irwin MD
Attending physician, midwife, householder.*

Address Miami Ariz

Given or Christian name added from a supplemental report 191

Filed Mar 21 1921

B. W. Hardy MD
LOCAL REGISTRAR.

578-306-729
COUNTY REGISTRAR.

Filed Apr 6 1921

A True Copy

B. G. [illegible]
COUNTY REGISTRAR.

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