1897

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 158

Co. Registrar's No. 388

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 Blanche Adeline Gaynor | Born Alive | YES ~~NO~~

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

Sex of Child	~~Twin, Triplet~~ or other	and	Number in order of birth	Legitimate?	Date of Birth
Female			1st	yes	July 8 1921 (Month, Day, Yr.)

FATHER		MOTHER	
Full Name	William Henry Gaynor	Full Maiden Name	Mamie Silva
Residence	Miami, Arizona	Residence	Miami, Arizona
Color or Race	White	Color or Race	White
Age at last Birthday	24 Years	Age at last Birthday	20 Years
Birthplace	San Antonio, Texas	Birthplace	San Francisco, Cal.
Occupation	Machinist	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 July 8, 1921, at 8:20 A.M.

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

Signature C. M. Crow M.D.
Attending physician, midwife, householder.*

Address Miami, Arizona

Given or Christian name added from a supplemental report _____ 191__

Filed July 15 1921 B W Hardy MD
LOCAL REGISTRAR.

279-708-421
COUNTY REGISTRAR.

A True Copy

Filed Aug 3 1921 R. G. Fox
COUNTY REGISTRAR.

... the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or midwife with each local Registrar within 5 days after birth.