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This certificate must be filed by the attending physician or midwife with each local Registrar within 5 days after birth.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 131

PLACE OF BIRTH
County of Gila
District of _____
Town of Miami
or _____
City of _____

ORIGINAL CERTIFICATE OF BIRTH

Co. Registrar's No. 695

Local Registrar's No. _____

FULL NAME OF CHILD Ruth Elizabeth Gould Born YES
If child is not named, make Supplemental Report on blank obtainable from local registrar. Alive NO

Sex of Child Female Twin, Triplet or other } and Number in order of birth 6 Legitimate? yes Date of Birth Dec. 30 - 1921
Month Day Yr.

FATHER
Full Name Conley Edward Gould
Residence Inspiration, Ariz.
Color or Race White Age at last Birthday 35 Years
Birthplace Omaha, Nebraska
Occupation Street Iron Worker

MOTHER
Full Maiden Name Florence Irwin
Residence Inspiration, Ariz.
Color or Race White Age at last Birthday 30 Years
Birthplace David City - Nebraska
Occupation Housewife

Number of child of this Mother 6 Number of Children, of this mother, now living 6 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 Dec. 30 - 1921, at 5:30 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.*

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

Address Miami, Arizona

974-1230-695
COUNTY REGISTRAR.

Filed Dec 30 1921 Borland
LOCAL REGISTRAR.

Filed Jan 1 1922 R. S. Lot
A True Copy
COUNTY REGISTRAR.