

4999

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Maricopa
District of _____
Town of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 287
Co. Registrar No. 1545
Local Registrar No. 9825

or
City of Phoenix No. St. Joe Hosp. St. _____ Ward) _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child not named, deceased If child is not yet named, make supplemental report, as directed

3. Sex of child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other. ✓ 5. No., in order of birth. 1 6. Legitimate? yes 7. Date of birth Sept. 18, 22 (Month, day, year)

8. Full name of FATHER O.W. Malon

14. Full maiden name of MOTHER Maggie

9. Residence (Usual place of abode) Phoenix If nonresident, give place and State

15. Residence (Usual place of abode) Phoenix If nonresident, give place and State

10. Color or race white 11. Age at last birthday 33 (Years)

16. Color or race white 17. Age at last birthday 34 (Years)

12. Birthplace (city or place) Texas (State or country)

18. Birthplace (city or place) Texas (State or country)

13. Occupation Locomotive Fireman Nature of industry

19. Occupation H.W. Nature of industry

20. Number of children of this mother (Taken as of time of birth of child here-in certified and including this child.) (a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive 3:10 m. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. Signature J. E. McKeel (Physician or midwife) Address Phoenix

Given name added from a supplemental report. (Month, day, year) 9-30-22 Filed 10-18, 1922 I. L. GARRISON, M. D. Local Registrar. Registrar. DHS-918-400 County Registrar.