

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila
 District of _____
 Town of Miami
 or _____
 City of _____ No. 403-A Indian Ave. St. _____ Ward) (If birth occurred in a hospital or institution, give its NAME instead of street and number)

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 96
 Co. Registrar No. 4-602
 Local Registrar No. _____

2. Full name of child Mary Louise McGregor } If child is not yet named, make supplemental report, as directed

3. Sex of child female } To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? Yes 7. Date of birth Dec 8, 1922 (Month, day, year)

8. Full name of FATHER <u>Roy McGregor</u>	14. Full maiden name of MOTHER <u>Mabel Jones</u>
9. Residence (Usual place of abode) <u>Miami, Ariz.</u> If nonresident, give place and State	15. Residence (Usual place of abode) <u>Miami, Arizona</u> If nonresident, give place and State
10. Color or race <u>White</u>	16. Color or race <u>White</u>
11. Age at last birthday <u>33</u> (Years)	17. Age at last birthday <u>27</u> (Years)
12. Birthplace (city or place) <u>Lexington, Nebraska</u> (State or country)	18. Birthplace (city or place) <u>Indiana</u> (State or country)
13. Occupation <u>Sheet metal worker</u> Nature of Industry	19. Occupation <u>Housewife</u> 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 0 (c) Stillborn 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
 I hereby certify that I attended the birth of this child, who was alive at 11 a. 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. J. Micea (Physician or midwife)
 Address Miami, Arizona
 Given name added from a supplemental report 449-1208-412 (Month, day, year)
 Registrar.

Filed 12/21/22, 1922 B. W. Hardy by P. P. Davis Local Registrar.
 Filed 1-5, 1923 B. S. J. A. County Registrar.

the number of each; in case of birth, state