

11:11

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Maricopa  
District of Goodyear  
Town of Goodyear  
or

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 253  
Co. Registrar No. 202  
Local Registrar No. 1

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

2. Full name of child Elaine Brown } 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 1/18-23 (Month, day, year)

8. Full name **FATHER**  
Egbert D Brown,

14. Full maiden name **MOTHER**  
Margaret Irene Liebwhite

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

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

10. Color or race white 11. Age at last birthday 30 (Years)

16. Color or race white 17. Age at last birthday 28 (Years)

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

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

13. Occupation Reacher  
Nature of Industry

19. Occupation Housewife  
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 4 (b) Born alive but now dead none (c) Stillborn none

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 7:30 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 Jas. M. Meason (Physician or midwife)  
Address Goodyear, Ariz

Given name added from a supplemental report. (Month, day, year) \_\_\_\_\_  
525-108-465 Registrar.  
Filed 1/18, 1923 Jas. M. Meason Local Registrar.  
Filed 2-9, 1923 HARRY J. FELLH. M.D. County Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD—  
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.