

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.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila BUREAU OF VITAL STATISTICS State Index No. 138
 District of _____ Co. Registrar No. 354
 Town of Hayden ORIGINAL CERTIFICATE OF BIRTH Local Registrar No. 15
 or _____
 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 Robert Foster Edwards 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 _____ 6. Legitimacy yes 7. Date of birth May 14, 1923 (Month, day, year)

8. FATHER Full name Eddis W. Edwards

14. MOTHER Full maiden name Eleanor Winchester

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

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

10. Color or race White 11. Age at last birthday 37 (Years)

16. Color or race White 17. Age at last birthday 38 (Years)

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

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

13. Occupation Stationary Engineer 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 (b) Born alive but now dead (c) Stillborn

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 3:45 p.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 Harold Ladewig M.D. (Physician or midwife)

Address Hayden, Arizona Given name added from a supplemental report _____ (Month, day, year) Filed May 18 1923 W. B. Durb Local Registrar.

Registrar. 952-514 569 Filed 6-10 1923 W. B. Durb County Registrar.