

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 NAME ADDED BY SUPPLEMENT

ARIZONA STATE BOARD OF HEALTH

1. County of Graham BUREAU OF VITAL STATISTICS State Index No. 195

District of _____ ORIGINAL CERTIFICATE OF BIRTH County Registrar No. 102

Town of Pima Local Registrar No. 91

or _____

City of _____ No. _____ St. _____ Ward _____

2. Full name of child Margie Mae Boyce (If birth occurred in a hospital or institution, give its NAME instead of street and number) 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. 1 5. No., in order of birth 1 6. Legitimate? yes 7. Date of birth 5/17/23
Month Day Year

<p>8. FATHER Full name <u>Brooks Bryce</u></p> <p>9. Residence (Usual place of abode) <u>Pima</u> If nonresident, give place and state</p> <p>10. Color or race <u>white</u></p> <p>11. Age at last birthday <u>21</u> (Years)</p> <p>12. Birthplace (city or place) <u>Ariz.</u> (State or country)</p> <p>13. Occupation <u>Farm Raucher</u> Nature of industry</p> <p>20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living <u>1</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u></p>	<p>14. MOTHER Full maiden name <u>Norma Fallott</u></p> <p>15. Residence (Usual place of abode) <u>Pima</u> If nonresident, give place and state</p> <p>16. Color or race <u>white</u></p> <p>17. Age at last birthday <u>20</u> (Years)</p> <p>18. Birthplace (city or place) <u>Ariz.</u> (State or country)</p> <p>19. Occupation <u>Housewife</u> Nature of industry</p> <p>21. Were precautions taken against ophthalmia neonatorum? <u>yes</u></p>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 10 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. W. Morris, M.D. (Physician or midwife)
Address Pima, Ariz.

Given name added from a supplemental report _____
Month, day, year.

Filed 5/31 1923 Hattie W. Schmale Local Registrar
Filed 5/31 1923 D. Scott Schmale County Registrar

425-517-563