960

PLACE OF BIRTH

1. County of Gila

District of

Town of Inspiration

or

City of

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 138

County Registrar No. 436

Local Registrar No.

No. St. Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Irene Clara Schirk — 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 7 - 3 - 23 (Month day year)

8. FATHER

Full name Michael Schirk

9. Residence (Usual place of abode) Inspiration Ariz.

If nonresident, give place and state

10. Color or race White

11. Age at last birthday 33 (Years)

12. Birthplace (city or place)

(State or country) Austria

13. Occupation

Nature of industry Mechanic

14. MOTHER

Full maiden name Clara Rose

15. Residence (Usual place of abode) Inspiration Ariz.

If nonresident, give place and state

16. Color or race White

17. Age at last birthday 28 (Years)

18. Birthplace (city or place)

(State or country) Germany

19. Occupation

Nature of industry Housewife

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 2

(b) Born alive but now dead 0

(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum? Yes

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 5 P m. on the date above stated.

*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 evidences of life after birth.

Signature T. H. Slaughter M.D. (Physician or midwife)

Address Miami Arizona

Given name added from a supplemental report

Month, day, year.

Filed July 31 1923 C. E. Twin Local Registrar.

Registrar.

Filed Aug 3 1923 B. G. Fox County Registrar.

922-703-395