4008

MARGIN RESERVED FOR BINDING

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.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 174

County Registrar No. 467

Local Registrar No. _____

PLACE OF BIRTH

1. County of Gila

District of Tower Miami

Town of _____

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 J. C. White — 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. Legitimate? Yes

7. Date of birth: July 19 - 1923 (Month day year)

FATHER	MOTHER
8. Full name: Sid White	14. Full maiden name: Maggie Bell Barnard
9. Residence (Usual place of abode): Miami Arizona	15. Residence (Usual place of abode): Miami Arizona
If nonresident, give place and state	If nonresident, give place and state
10. Color or race: White	16. Color or race: White
11. Age at last birthday 22 (Years)	17. Age at last birthday 20 (Years)
12. Birthplace (city or place) _____ (State or country) Alabama	18. Birthplace (city or place) Valle (State or country) Texas
13. Occupation: Mechanic; Nature of industry: Copper Smelter	19. Occupation: Housewife; Nature of industry

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 1
(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 at 9 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 evidences of life after birth.

Signature: Charles E. Irvin M.D. (Physician or midwife)

Address: Miami Arizona

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

Filed July 31, 1923 C. E. Irvin, Local Registrar.

Filed 8/3, 1923 B. G. Fox, County Registrar.

_____ Registrar.

165-719-424