4038

PLACE OF BIRTH

1. County of Gila

District of Live Oak

Town of Miami

or

City of

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 197

County Registrar No. 498

Local Registrar No.

No. L-9 Live Oak Ward

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

2. Full name of child George Samuel Drugan — 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 29. 1923 (Month Day Year)

FATHER

8. Full name George Samuel Drugan

9. Residence (Usual place of abode) Miami, Arizona

If nonresident, give place and state

10. Color or race: White

11. Age at last birthday 27 (Years)

12. Birthplace (city or place) Tarrytown

(State or country) New York

13. Occupation Bookkeeper

Nature of industry Copper mine

MOTHER

14. Full maiden name Leon Osvin Moon

15. Residence (Usual place of abode) Miami, Arizona

If nonresident, give place and state

16. Color or race: White

17. Age at last birthday 26 (Years)

18. Birthplace (city or place) San Antonio

(State or country) Texas

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 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 alive (Born alive ~~or stillborn.~~) at 2:16 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 evidence of life after birth.

Signature F. T. Miller (Physician ~~or midwife~~)

Address Miami, Arizona

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

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

Filed 8/3 1923 [illegible] 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.

745-727-312