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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS ORIGINAL CERTIFICATE OF BIRTH

1. County of Yuma PLACE OF BIRTH
 District of _____
 Town of Miami
 or _____
 City of _____ No. _____ St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

State Index No. 145
 County Registrar No. 611
 Local Registrar No. _____

2. Full name of child Edward Marion King 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 Sept 21-1923
 Month Day Year

8. FATHER
 Full name Edison Tinsley King
 9. Residence (Usual place of abode) Miami
 If nonresident, give place and state _____
 10. Color or race Wh
 11. Age at last birthday 24 (Years)
 12. Birthplace (city or place) (State or country) Louisiana
 13. Occupation Nature of industry Mill Man

14. MOTHER
 Full maiden name Irene Marion Saurce
 15. Residence (Usual place of abode) Miami
 If nonresident, give place and state _____
 16. Color or race White
 17. Age at last birthday 23 (Years)
 18. Birthplace (city or place) (State or country) Arizona
 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 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 10 m. on the date above stated.
 Signature Charles E. Irwin M.D.
 Address Miami, Fla.
 *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.
 Given name added from a supplemental report _____
 Month, day, year. _____
 Registrar. _____
 Filed Sept 30 1923
 Filed Oct 3 1923
 P. S. Irwin
 Local Registrar.
 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.

527-921-975