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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 123

County Registrar No. 126

Local Registrar No. _____

PLACE OF BIRTH

1. County of Gila

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)

2. Full name of child George Wm Rye — 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 Feb - 10 - 24 (Month day year)

8. FATHER

Full name Geo A. Rye

9. Residence (Usual place of abode) Miami

If nonresident, give place and state Ariz

10. Color or race White American

11. Age at last birthday 28 (Years)

12. Birthplace (city or place) Minn

(State or country)

13. Occupation School Teacher

Nature of industry

14. MOTHER

Full maiden name Mamie Nesting

15. Residence (Usual place of abode) Miami

If nonresident, give place and state Ariz

16. Color or race White American

17. Age at last birthday 27 (Years)

18. Birthplace (city or place) N. D.

(State or country)

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 One

(b) Born alive but now dead None

(c) Stillborn None

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 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 evidences of life after birth.

Signature T H Slaughter (Physician or midwife)

Address Miami Ariz

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

Filed Feb 29, 1924 C. E. Irvine Local Registrar.

Filed 3 - 5, 1924 B. G. Lox County Registrar.

Registrar.

795-210-457

SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.