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. 162

County Registrar No. 233

Local Registrar No. _____

PLACE OF BIRTH

1. County of Gila

District of _____

Town of Miami

or

City of _____ No. M. & I. Hospital St. _____ Ward

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

2. Full name of child Edgar Marion Rutter

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 1

6. Legitimate? yes

7. Date of birth Mch. 20 1924 (Month Day Year)

8. FATHER

Full name Edgar Harry Rutter

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

If nonresident, give place and state

10. Color or race Canc.

11. Age at last birthday 41 (Years)

12. Birthplace (city or place) York Pa

(State or country)

13. Occupation

Nature of industry Rancher

14. MOTHER

Full maiden name Julia Ida Bryan

15. Residence (Usual place of abode) Miami Arizona

If nonresident, give place and state

16. Color or race Canc.

17. Age at last birthday 33 (Years)

18. Birthplace (city or place) Cisco Texas

(State or country)

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 _____

(c) Stillborn _____

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 (Born alive or stillborn.) at 5 20 A 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 Cyril M Crow M.D. (Physician or midwife)

Address Miami, Arizona

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

Filed Mch 31, 1924 C. E. Irvin Local Registrar.

Registrar.

Filed 4-5 1924 B. J. Fox County Registrar.

599-320-123