

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

1. County of Gila State Index No. 132
District of _____ County Registrar No. 546
Town of Miami Local Registrar No. _____
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 Lorin Lowell McBride 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. Legitimate yes 6. Date of birth July 9-1924
Month July day 9 year 1924

7. FATHER: Full name Clyde Earnest McBride 8. MOTHER: Full maiden name Elizabeth Costa
9. Residence (Usual place of abode) Miami, Ariz. 10. Residence (Usual place of abode) Miami, Ariz.
If nonresident, give place and state _____ If nonresident, give place and state _____

11. Color or race Cauc. 12. Age at last birthday 23 (Years) 13. Color or race Cauc. 14. Age at last birthday 23 (Years)

15. Birthplace (city or place) Clifton, Arizona 16. Birthplace (city or place) Luna, New Mex.
(State or country) _____ (State or country) _____

17. Occupation Miner 18. Occupation Housewife
Nature of industry _____ Nature of industry _____

19. 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 _____ (c) Stillborn _____ 20. Were precautions taken against ophthalmia neonatorum? Yes

I hereby certify that I attended the birth of this child, who was born (Born alive or stillborn) at 10 m. on the date above stated.

Signature Cyril M. Brown, M.D. (Physician or midwife)
Address Miami, Ariz.
Filed July 31, 1924 _____ Local Registrar.
Filed AUG 5, 1924 _____ County Registrar.

Registrar. _____

345-709-536