

267

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila

District of _____

Town of Miami

or
City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 177

County Registrar No. 002

Local Registrar No. _____

No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Henry Beason Boland } 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 2 6. Legitimate? yes 7. Date of birth July 31-1924
Month day year

8. FATHER
Full name Richard Foster Boland

14. MOTHER
Full maiden name Mary Franc Beason

9. Residence (Usual place of abode) Miami Ariz.
If nonresident, give place and state

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If nonresident, give place and state

10. Color or race Cauc 11. Age at last birthday 48 (Years)

16. Color or race Cauc 17. Age at last birthday 37 (Years)

12. Birthplace (city or place) Philadelphia Pa.
(State or country)

18. Birthplace (city or place) Irwin Ia.
(State or country)

13. Occupation
Nature of industry Bookkeeper

19. Occupation
Nature of industry Housewife

20. Number of children of this mother (a) Born alive and now living 2 (b) Born alive but now dead _____ (c) Stillborn _____
(Taken as of time of birth of child herein certified and including this child.) 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* 45
I hereby certify that I attended the birth of this child, who was born (Born alive or stillborn) at 8 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 evidences of life after birth.
Signature: Byril M. Brown M.D. (Physician or midwife)
Address: Miami Ariz.

Given name added from a supplemental report _____
Month, day, year. _____
Filed Aug 31 1924 _____
Filed 9-5 :24 _____
Local Registrar. _____
County Registrar. _____

WRITE PLAINLY IN INK IN A PERMANENT PAPER IN ORDER OF BIRTH STATED.

824-731-425