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ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

1. County of Yuma
District of Miami
Town of _____
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 Storothy Elizabeth Barnard (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child F 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 August 13-1924
Month day year

8. FATHER Full name <u>Ellie Wallace Barnard</u>		14. MOTHER Full maiden name <u>Jewell Wright</u>	
9. Residence (Usual place of abode) <u>Miami Arizona</u> If nonresident, give place and state _____		15. Residence (Usual place of abode) <u>Waco Texas</u> If nonresident, give place and state _____	
10. Color or race <u>White</u>	11. Age at last birthday <u>27</u> (Years)	16. Color or race <u>White</u>	17. Age at last birthday <u>27</u> (Years)
12. Birthplace (city or place) <u>Waco Texas</u> (State or country)		18. Birthplace (city or place) <u>Waco Texas</u> (State or country)	
13. Occupation Nature of industry <u>Teamster</u>		19. Occupation Nature of industry <u>Housewife</u>	

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 2
(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 on the date above stated.
(Born alive or stillborn.)

Signature Charles E. Irwin M.D.
(Physician or midwife)
Address Miami, Ariz.

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

Filed Aug 31, 1924 C. E. Irwin Local Registrar.
Filed 9-5-1924 B. G. Dixon County Registrar.

Registrar. _____

N. S. 3. 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. A PERMANENT RECORD.

424-813-163