

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.

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

PLACE OF BIRTH
 1. County of Maricopa
 District of _____
 Town of _____
 or
 City of Phoenix No. 715 E. Sheridan St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

State Index No. 340
 County Registrar No. 1921
 Local Registrar No. 1025

2. Full name of child Maurice Gruwell
 3. Sex of Child Female 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 Oct, 14, 1924 Month day year

FATHER		MOTHER	
8. Full name <u>Orval M. Gruwell,</u>		14. Full maiden name <u>Edith Moon.</u>	
9. Residence (Usual place of abode) <u>715 E. Sheridan.</u> If nonresident, give place and state		15. Residence (Usual place of abode) <u>715 E. Sheridan.</u> If nonresident, give place and state	
10. Color or race <u>White.</u>	11. Age at last birthday <u>42</u> (Years)	16. Color or race <u>White</u>	17. Age at last birthday <u>31</u> (Years)
12. Birthplace (city or place) <u>Oneida</u> (State or country) <u>Idaho.</u>		18. Birthplace (city or place) <u>San Pedro</u> (State or country) <u>Mexico.</u>	
13. Occupation <u>Farmer</u> Nature of industry _____		19. Occupation <u>Housewife.</u> 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 4 (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 at 1 A.M. on the date above stated.
 (Born alive or stillborn.)

*When there was no attending physician or midwife, then the father, husband or mother should make this return. A signature is one that neither breathes nor has evidences of life after birth. Address 317 Ellis Bldg, Phoenix, Arizona
 Signature A. B. Stoner (Physician or midwife)
 Given name added from a supplemental report _____
 Month, day, year. _____
 Registrar. _____
 Filed 10-20 1924 Local Registrar. _____
 Filed NOV 9 1924 19 _____ HARRY I. FELCH, M.D. County Registrar.

473-1014-545