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. 177
County Registrar No.
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 Mary Elizabeth Boyle (If child is not yet named, make supplemental report, as directed.)

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 3
6. Legitimate? yes
7. Date of birth Feb. 24 1925 (Month Day Year)

8. FATHER
Full name James Francis Boyle
9. Residence (Usual place of abode) Inspiration
If non-resident, give place and state. Arizona
10. Color or race Cauc.
11. Age at last birthday 44 (Years)
12. Birthplace (city or place) Decatur
(State or country) Illinois
13. Occupation Electrical Foreman
Nature of industry Mining

14. MOTHER
Full maiden name Eleanor O'Callaghan
15 Residence (Usual place of abode) Inspiration
If non-resident, give place and state. Arizona
16 Color or race Cauc.
17. Age at last birthday 34 (Years)
18. Birthplace (city or place) Norway
(State or country) Michigan
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 3
(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 6 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. Cron M.D. (Physician or ~~midwife~~).
Address Miami, Arizona.

Given name added from a supplemental report
Month, day, year
Filed April 5, 1925 Nelson D. Brayton
Local Registrar.

Registrar
Filed , 19
County Registrar.

425-224-565