PLACE OF BIRTH

County of Gila Co -

istrict of

own of Miami. Arizona

or

ity of Miami Inspiration Hospital No. St. Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 156

County Registrar No. 11

Local Registrar No. 40

2. Full name of child Edward William Hagan - 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 6. Legitimate? Yes. 7. Date of birth Jan. 29 - 1918. Month Day Year

FATHER	MOTHER
8. Full name John Hagan -	14. Full maiden name Julia Purcell Murphy
9. Residence (Usual place of abode) Inspiration Arizona If nonresident, give place and state	15. Residence (Usual place of abode) Inspiration Arizona If nonresident, give place and state
10. Color or race White. 11. Age at last birthday 53 (Years)	16. Color or race White. 17. Age at last birthday 45 (Years)
12. Birthplace (city or place) Independence (State or country) Iowa -	18. Birthplace (city or place) McMillan (State or country) Gila Co. Arizona.
13. Occupation Physician - Nature of industry	19. Occupation Housekeeper - 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 3
(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 10.20 A.m. on the date above stated. (Born alive or stillborn.)

*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 John P. Bacon M.D. (Physician or midwife)

Address Miami. Arizona

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

Filed Feb 5, 1918 C. E. Tooy Local Registrar.

585-129-148 Registrar.

Filed , 19 County Registrar.