

4922

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

County of Maricopa

BUREAU OF VITAL STATISTICS

State Index No. 300

District of _____

ORIGINAL CERTIFICATE OF BIRTH

Co. Register No. 4020

Town of _____

Local Registrar's No. 4760

City of Phoenix

(No. Sister's Hospital St; _____ Ward)

Full Name of Child Lois Lawrence Irving } Born YES
if child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive ~~NO~~

Sex of Child Female Twin, Triplet or other 1 and Number in order of birth 1 Legitimate? yes Date of Birth Sept. 26 1917
(Month) (Day) (Yr.)

FATHER
Full Name Lawrence Walter Irving
Residence 703 - E. Adams
Color or Race White Age at last Birthday 29 (Years)
Birthplace So. Dak.
Occupation Flour Salesman

MOTHER
Full Maiden Name Thelma Passmore
Residence 703 - E. Adams
Color or Race White Age at last Birthday 18 (Years)
Birthplace Detroit Mich
Occupation Housewife

Number of child of this mother... 1 Number of children, of this mother, now living... 1 Were precautions taken against Ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on Sept. 26 1917, at 2:30 P. M.

*When there is no attending physician or midwife, then the householder should make this return.

(Signature) A. B. Nichols
(Attending physician, midwife, householder.)*

Given or christian name added from a Supplemental report _____ 191_____

Address _____

397-926-375
COUNTY REGISTRAR.

Filed Sept. 29 1917 M. H. [Signature] LOCAL REGISTRAR
Filed Oct. 11 1917 A True Copy A. B. Nichols COUNTY REGISTRAR