

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Maricopa

BUREAU OF VITAL STATISTICS

State Index No. 304

District of _____

ORIGINAL CERTIFICATE OF BIRTH

Co. Registrar No. 591

Town of _____

Local Registrar No. 293

or

City of Phoenix No. 1416 E. Pierce St. _____ Ward) _____

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

2. Full name of child Julia May Rea } 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. _____ 6. Legitimate? Yes 7. Date of birth March 12, 1923 (Month, day, year)

8. FATHER Full name Richard Rea

9. MOTHER Full maiden name Julia E. Musgrave

10. Residence (Usual place of abode) 1416 E. Pierce If nonresident, give place and State

11. Residence (Usual place of abode) 1416 E. Pierce If nonresident, give place and State

12. Color or race White 13. Age at last birthday 57 (Years)

14. Color or race White 15. Age at last birthday 48 (Years)

16. Birthplace (city or place) Washington (State or country)

17. Birthplace (city or place) Texas (State or country)

18. Occupation Blacksmith Nature of Industry

19. Occupation Asst. Nature of Industry

20. Number of children of this mother (Taken as of time of birth of child here-in certified and including this child.) (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at _____ 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 J. L. Garrison, M.D. (Physician or midwife)

Address 408 Heard Bldg.

Given name added from a supplemental report _____ (Month, day, year)

Filed 4/6/23, 19 J. L. Garrison, M.D. Local Registrar.

Filed 4/13/23, 19 _____ County Registrar.

Registrar.

191-312-145