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 daughter of Edward & Izora

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 STANDARD CERTIFICATE OF BIRTH

State File No. _____
 Registered No. 228

1. PLACE OF BIRTH
 County Maricopa State ARIZONA
 Township _____ or Village _____
 City Phoenix No. North Central Avenue St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Izora Jane Irvine (If child is not yet named, make supplemental report, as directed)

3. Sex Female If plural births _____ 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term _____ 7. Is mother married YES 8. Date of birth March 23-1881, 19____ (Month, day, year)

9. Full name FATHER Edward Irvine 18. Full maiden name MOTHER Izora Elizabeth Jackson

10. Residence (usual place of abode) (If non-resident, give place and State) Phoenix, Arizona 19. Residence (usual place of abode) (If non-resident, give place and State) Phoenix, Arizona

11. Color or race White 12. Age at last birthday 43 (Years) 20. Color or race White 21. Age at last birthday 20 (Years)

13. Birthplace (city or place) (State or country) County Tyrone Ireland 22. Birthplace (city or place) (State or country) Janesville Wisconsin

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. General Merc. Store 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____ 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

Number of children of this mother 1st at time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn _____

If stillborn, period of gestation _____ (months or weeks) 29. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 8:30 A.M. on the date above stated (Born alive or stillborn)

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

(Signed) Izora E. Irvine, Midwife
 Address 1102 N. 15th Phoenix Ariz
 Filed Oct 22 1926 Neil F. Robinson Registrar

HOA Form No. 2 MS

This office witnessed signature of mother in 11-13-35 J.G.S.P.

