

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

State File No. 186
310
Registered No. _____

1. PLACE OF BIRTH

County Mila State Arizona
District or Township _____ or Village _____
City Miami No. 925 Keegan St. St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child

Dan Ross Slaughter { 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 July 21 - 1927
Month Day Year

8. FATHER
Full name Steve A. Slaughter

14. MOTHER
Full maiden name Elizabeth Reschmann

9. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.

15. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.

10. Color or race Cauc. 11. Age at last birthday 40 (Years)

16. Color or race Cauc. 17. Age at last birthday 36 (Years)

12. Birthplace (city or place) Tampasae, Texas
(State or country)

18. Birthplace (city or place) Sumiswald, Bern, Switzerland
(State or country)

13. Occupation Oiler
Nature of industry Miami Copper Co.

19. Occupation Housewife
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 2
(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 alive at 8 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 Beryl M. Cron M.D.
Physician
(Physician or midwife)

Given name added from a supplemental report _____ Address Miami, Arizona

Month, day, year 4/29 7/21 - 515
Registrar B. E. Iron
Filed July 21, 1927 Registrar

WITH UNFADING INK - SEPARATE - IN CASE OF NAME CHANGE AT BIRTH, or later of birth stated.