

4756

Supplement Attached

PLACE OF BIRTH **ARIZONA STATE BOARD OF HEALTH**  
 County of Yuma BUREAU OF VITAL STATISTICS State Index **118**  
 District of Isloho ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 127  
 Town of Miami Local Registrar's No. \_\_\_\_\_  
 City of \_\_\_\_\_ (No. \_\_\_\_\_ St; \_\_\_\_\_ Ward)

FULL NAME OF CHILD Claude Bomboy Born  YES  
 If  is not named, make Supplemental Report on blank obtainable from local registrar. Alive  NO

Sex of Child	Twin, Triplet or other	and	Number in order of birth	Legitimate	Date of Birth
				<u>yes</u>	<u>April 30</u> 191 <u>4</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>Claude L. Bomboy</u>			Full Maiden Name <u>Martina Chara</u>		
Residence <u>Miami Ariz.</u>			Residence <u>Miami Ariz.</u>		
Color or Race <u>White</u>			Color or Race <u>Mexican</u>		
Age at last Birthday <u>48</u> (Years)			Age at last Birthday <u>38</u> (Years)		
Occupation <u>Peon.</u>			Occupation <u>Mexico</u>		
Occupation <u>Laborer</u>			Occupation <u>Housewife</u>		
Number of this mother... <u>6</u>		Number of children, of this mother, now living... <u>5</u>		Were precautions taken against Ophthalmia neonatorum? <u>Yes</u>	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I certify that I attended the birth of above child; and that it occurred on April 30 1914, at 11 A.M.  
 When there is no attending physician or midwife, then the householder may make this return.  
 (Signature) A. H. Slaughter M.D.  
 (Attending physician, midwife, householder. \*)

Address Miami Ariz.  
 Filed May 2 1914 LOCAL REGISTRAR.  
 Filed May 5 1914 A True Copy B. E. J. W. W. COUNTY REGISTRAR.  
 128-501-461 COUNTY REGISTRAR.

One number of birth, in U.S. or in U.S. State, must be used by the attending physician or midwife with each local Registrar within 5 days after birth.