4869

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 147 ~~895~~

Co. Register No. 324

Local Registrar's No. .....

(No. ..... St; ..... Ward)

PLACE OF BIRTH

County of Gila

District of Miami

Town of Miami

or

City of .....

FULL NAME OF CHILD Pearl May McQuer

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Born Alive YES ~~NO~~

Sex of Child	~~Twin, Triplet~~ or other	and	Number in order of birth	Legitimate?	Date of Birth
Female				yes	9 (Month) / 27 (Day) - 1914 (Yr.)

FATHER		MOTHER	
Full Name	Agnes McQuer	Full Maiden Name	Ethel Josephine Freeman
Residence	Miami Ariz.	Residence	Miami Ariz
Color or Race	White American	Color or Race	White American
Age at last Birthday	37 (Years)	Age at last Birthday	29 (Years)
Birthplace	Canada	Birthplace	England
Occupation	Miner	Occupation	Housewife

Number of child of this mother 2 | Number of children, of this mother, now living 2 | 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. 27 - 1914, at 8 A.M.

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

(Signature) T. H. Slaughter

(Attending physician, ~~midwife, householder.*~~)

Given or christian name added from a supplemental report ..... 191....

Address .....

Filed Sept 30 1914

John H Lacy

LOCAL REGISTRAR.

749-927-565

COUNTY REGISTRAR.

Filed Nov 5 1914

A True Copy

B G Fox

COUNTY REGISTRAR.

... each local Registrar within 5 days after birth.