N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, stating the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or Midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH

County of Gila

District of Miami

Town of .....

or

City of ..... (No. ..... St; ..... Ward)

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 108

Co. Register No. 372

Local Registrar's No. .....

FULL NAME OF CHILD Philip Edward Day

Born Alive: YES ~~NO~~

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

Sex of Child	~~Twin, Triplet~~ or other	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Yr.)
Boy				yes	Nov. 16 1914

FATHER		MOTHER	
Full Name	Philip Edward Day	Full Maiden Name	Bessie Brook
Residence	Miami Ariz.	Residence	Miami Ariz.
Color or Race	White	Color or Race	White
Age at last Birthday	22 (Years)	Age at last Birthday	18 (Years)
Birthplace	Kerens Texas	Birthplace	Welsh La.
Occupation	Laborer	Occupation	Housewife

Number of child of this mother 1 | Number of children, of this mother, now living 1 | 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 Nov. 16 1914, at 1 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.*)

Address .....

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

Filed Dec 5th 1914

LOCAL REGISTRAR.

748-1116-278

COUNTY REGISTRAR.

Filed Jan 5 1915

A True Copy

COUNTY REGISTRAR.