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

PLACE OF BIRTH

County of Gila.

District of

Town of Miami,

or

City of

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 119 ~~171~~

Co. Register No. 375

Local Registrar's No.

(No. St; Ward)

FULL NAME OF CHILD Bert Witham Hardy Jr.

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 (Month) (Day) (Yr.)
Male	One		One	Yes	Nov. 25 1914

FATHER

Full Name Bert Witham Hardy.

Residence Miami, Ariz

Color or Race American Age at last Birthday 30 (Years)

Birthplace Missouri

Occupation Physician.

MOTHER

Full Maiden Name Mollière Spada.

Residence Miami, Ariz.

Color or Race American Age at last Birthday 27. (Years)

Birthplace Canada.

Occupation House wife

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 Nov 25. 1914, at 7.45 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 Miami Ariz.

Filed Dec 5th 1914

John H Lacy

LOCAL REGISTRAR.

288-1125-421

COUNTY REGISTRAR.

Filed Jan 5 1915

~~A~~ True Copy

B. G. Fox

COUNTY REGISTRAR.