

This certificate must be filed by the attending Physician or Midwife with each local Registrar within 6 days after birth.

**PLACE OF BIRTH**

County of Lila  
 District of Miami  
 Town of Miami  
 or  
 City of \_\_\_\_\_

**ARIZONA STATE BOARD OF HEALTH**

BUREAU OF VITAL STATISTICS  
 ORIGINAL CERTIFICATE OF BIRTH  
 State Index No. 112  
 Co. Register No. 4  
 Local Registrar's No. \_\_\_\_\_

FULL NAME OF CHILD Homer Ross McDaniel } Born } YES  
 If child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive } NO

Sex of Child Male } Twin, Triplet or other } and } Number in order of birth } Legitimate? yes } Date of Birth Dec-29-1914  
 (Month) (Day) (Yr.)

**FATHER**  
 Full Name Jasper David McDaniel  
 Residence Miami Ariz  
 Color or Race American Age at last Birthday 34 (Years)  
 Birthplace Texas  
 Occupation Laborer

**MOTHER**  
 Full Maiden Name Katie Hardcastle  
 Residence Miami Ariz  
 Color or Race American Age at last Birthday 24 (Years)  
 Birthplace Texas  
 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 Dec-14-1914 at 5 A.M.  
 \*When there is no attending physician or midwife, then the householder should make this return.

(Signature) H. Slaughter  
 (Attending physician, midwife, householder.\*)

Given or christian name added from a supplemental report... 191... Address Miami Ariz

Filed Dec 1 1915  
817-1277-285  
 COUNTY REGISTRAR.

Filed July 19 1910  
 A True Copy  
B. S. J. ay  
 LOCAL REGISTRAR.  
 COUNTY REGISTRAR.