

2367

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 or Midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

County of Yuma BUREAU OF VITAL STATISTICS 120 State Index No. 849
District of Yuma ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 68
Town of Yuma Local Registrar's No. _____
or _____ St; _____ Ward)
City of _____ (No. _____ St; _____ Ward)

FULL NAME OF CHILD Pearl Watson } Born } YES
Alive } NO

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

Sex of Child Female Twin, Triplet or other _____ } and } Number in order of birth _____ Legitimate? yes Date of Birth March-23-1915
(Month) (Day) (Yr.)

FATHER
Full Name Tom Franklin Watson
Residence Miami Ariz
Color or Race American Age at last Birthday 31 (Years)
Birthplace Ala.
Occupation Laborer

MOTHER
Full Maiden Name Anna May Sanders
Residence Miami Ariz
Color or Race White Age at last Birthday 25 (Years)
Birthplace Arizona
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 3/23/1915 at 11 P.M.

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

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

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

Address Miami Ariz

Filed Mar 25 1915

John H. Lee
LOCAL REGISTRAR

765-323-522
COUNTY REGISTRAR.

Filed Apr 6 1915

A True Copy
D. J. Gray
COUNTY REGISTRAR.