1804

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

Town of Miami

or

City of

# ARIZONA STATE BOARD OF HEALTH

**BUREAU OF VITAL STATISTICS**

**ORIGINAL CERTIFICATE OF BIRTH**

State Index No. 104

Co. Register No. 190

Local Registrar's No.

(No. St; Ward)

FULL NAME OF CHILD Frank Pfau

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 | | | | yes | 7 - 4 - 1915 |

| FATHER | | MOTHER | |
|---|---|---|---|
| Full Name | John Pfau | Full Maiden Name | Louis Ricket |
| Residence | Globe Ariz | Residence | Globe Ariz |
| Color or Race | White | Color or Race | White Mexican |
| Age at last Birthday (Years) | 52 | Age at last Birthday (Years) | 25 |
| Birthplace | Boston Mass | Birthplace | Mexico |
| Occupation | Black Smith | Occupation | House Wife |

Number of child of this mother 4 | Number of children, of this mother, now living 3 | 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 July 7 1915, at 11:30 P.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 July 10 1915

John H Lady

LOCAL REGISTRAR.

Filed Aug 7 1916

A True Copy B. G. Fox

COUNTY REGISTRAR.

COUNTY REGISTRAR.