

1817

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.

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS

**ORIGINAL CERTIFICATE OF BIRTH**

PLACE OF BIRTH  
County of Yuma State Index No. 114  
District of \_\_\_\_\_ Co. Register No. 195  
Town of Yuma Local Registrar's No. \_\_\_\_\_  
or  
City of \_\_\_\_\_ (No. \_\_\_\_\_ St; \_\_\_\_\_ Ward)

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

Sex of Child <u>Female</u>	Twin, Triplet or other	and	Number in order of birth	Legitimate? <u>yes</u>	Date of Birth <u>7-15-1915</u> (Month) (Day) (Yr.)
----------------------------	------------------------	-----	--------------------------	------------------------	---

FATHER			MOTHER		
Full Name <u>Charles W. Hudson</u>	Full Maiden Name <u>Eliu McFadden</u>				
Residence <u>Miami Ariz</u>	Residence <u>Miami Ariz</u>				
Color or Race <u>white American</u>	Age at last Birthday <u>22</u> (Years)	Color or Race <u>white American</u>	Age at last Birthday <u>21</u> (Years)		
Birthplace <u>Wyoming</u>		Birthplace <u>Ariz.</u>			
Occupation <u>Laborer</u>		Occupation <u>Housewife</u>			

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 July 16, 1915, at 5 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 July 16 1915 LOCAL REGISTRAR John H. L...

Filed Aug 7 1915 A True Copy COUNTY REGISTRAR B. G. J...

COUNTY REGISTRAR. \_\_\_\_\_