

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

County of Sala

BUREAU OF VITAL STATISTICS **111**

State Index No. **885**

District of Miami

ORIGINAL CERTIFICATE OF BIRTH

Co. Register No. 262

Town of _____

Local Registrar's No. _____

City of _____

(No. _____ St; _____ Ward)

FULL NAME OF CHILD Maurine Hale } Born } YES }
Alive } NO }

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

Sex of Child Female } and } Number in order of birth } Legitimate? yes } Date of Birth 9 - 2 - 1915 }
Twin, Triplet or other } } } } (Month) (Day) (Yr.)

FATHER
Full Name John G. Hale
Residence Miami Ariz
Color or Race white American Age at last Birthday 28 (Years)
Birthplace Utah
Occupation Labor Foreman

MOTHER
Full Maiden Name Minnie E. Michaelson
Residence Miami Ariz
Color or Race white American Age at last Birthday 28 (Years)
Birthplace Utah
Occupation Housewife

Number of child of this mother... 3 ... 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 Sept. 9 - 1915, at 5 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 _____

Filed Sept 10 191_____

John H. Long
LOCAL REGISTRAR.

485-902-445
COUNTY REGISTRAR.

Filed Oct 9 1915

A True Copy B.S. Long
COUNTY REGISTRAR.

MINUTE WILL EACH LOCAL REGISTRAR WITHIN 5 DAYS AFTER BIRTH.