

4917

REGISTRATION WITHIN 10 DAYS after birth. If no attending physician or

PLACE OF BIRTH

County of Glendale
District of _____
Town of Miami
or _____
City of _____ (No. _____ St; _____ Ward)

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 910

ORIGINAL CERTIFICATE OF BIRTH 130

Co. Register No. 342

Local Registrar's No. _____

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

Sex of Child male } and } Number in order of birth } Legitimate? yes } Date of Birth Dec-6-1915
(Month) (Day) (Yr.)

FATHER
Full Name Max Labenselt
Residence Miami Ariz
Color or Race Jewish Age at last Birthday 31 (Years)
Birthplace Romania
Occupation Merchant

MOTHER
Full Maiden Name Minnie Cohen
Residence Miami Ariz
Color or Race Jewess Age at last Birthday 28 (Years)
Birthplace Russia
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 Dec 10 1915, at 4 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 Dec 10 1915

John H. Tracy
LOCAL REGISTRAR

433-1206-435
COUNTY REGISTRAR.

Filed Jan 7 1916

A True Copy B.G. Fier
COUNTY REGISTRAR.