

PLACE OF BIRTH
 County of Gila
 District of _____
 Town of Meau
 or _____
 City of _____

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS 146 State Index No. 100
 ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 239
 Local Registrar's No. _____
 (No. _____ St. _____ Ward)

FULL NAME OF CHILD Mildred Alexander } 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>July - 23 - 1916</u> (Month) (Day) (Yr.)
FATHER		MOTHER		
Full Name <u>James W. Alexander</u>	Full Maiden Name <u>Seabelle M. Troy</u>			
Residence <u>Globe Ariz.</u>	Residence <u>Globe Ariz.</u>			
Color or Race <u>White American</u>	Color or Race <u>White American</u>	Age at last Birthday <u>30</u> (Years)	Age at last Birthday <u>22</u> (Years)	
Birthplace <u>Brookline Mass.</u>	Birthplace <u>Calo</u>			
Occupation <u>Chopman</u>	Occupation <u>Housewife</u>			
Number of child of this mother <u>2</u>	Number of Children, of this mother, now living <u>2</u>	Were precautions taken against Ophthalmia neonatorum? <u>yes</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on July 23 1916 at 2 AM.
 { *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 _____ 1916
1119-728-971
 COUNTY REGISTRAR.

Address Meau
 Filed Aug 1 1916
 A True Copy
 Filed Sept 7 1916
John H. Troy
 LOCAL REGISTRAR.
B. G. J. W. W.
 COUNTY REGISTRAR.

RECEIVED BY THE COUNTY REGISTRAR