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ARIZONA STATE BOARD OF HEALTH  
 BUREAU OF VITAL STATISTICS  
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 148  
 Co. Register No. 999  
 Local Registrar's No. \_\_\_\_\_

PLACE OF BIRTH  
 County of Gila  
 District of \_\_\_\_\_  
 Town of Miami  
 or \_\_\_\_\_  
 City of \_\_\_\_\_

Full Name of Child Robert M. Daniels { Born } YES  
 { Alive } NO

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

Sex of child <u>male</u>	Twin, Triplet or other _____	and } Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>7-18-1917</u> (Month) (Day) (Yr.)
FATHER			MOTHER	
Name <u>Jack M. Daniels</u>			Full Maiden Name <u>Katie Woodcastle</u>	
Residence <u>Miami Ariz</u>			Residence <u>Miami Ariz</u>	
Color or Race <u>white</u>			Age at last Birthday <u>28</u> (Years)	
Nationality <u>American</u>			Birthplace <u>Texas</u>	
Occupation <u>Churn Driller</u>			Occupation <u>Housewife</u>	
Number of children of this mother <u>6</u>	Number of children of this mother, now living <u>6</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 7/18/1917 at 8 P.M.

When there is no attending physician or midwife, then the householder should make this return.

Signature T. H. Laughton  
 (Attending physician, midwife, householder, etc.)

Address Miami Ariz

Filed July 24 1917  
 LOCAL REGISTRAR.

Filed Aug 7 1917  
 COUNTY REGISTRAR.

42-718-285  
 COUNTY REGISTRAR.