

2264

PLACE OF BIRTH
 County of Dela
 District of _____
 Town of Miami
 or _____
 City of _____ (No. _____ St; _____ Ward)

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS

State Index No. _____
 Co. Register No. 256
 Local Registrar's No. _____

ORIGINAL CERTIFICATE OF BIRTH

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

Sex of Child ♀ Twin, Triplet or other _____ } and } Number in order of birth 1 Legitimate? yes Date of Birth June 9 1918
 (Month) (Day) (Yr.)

FATHER		MOTHER	
Full Name	<u>Samuel Harlan</u>	Full Maiden Name	<u>Vera O'Neal</u>
Residence	<u>Miami</u>	Residence	<u>Miami</u>
Color or Race	<u>White</u>	Color or Race	<u>White</u>
Age at last Birthday	<u>33</u> (Years)	Age at last Birthday	<u>23</u> (Years)
Birthplace	<u>Cal</u>	Birthplace	<u>Texas</u>
Occupation	<u>Painter</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 the above child; and that it occurred on June 9 1918, at 2⁰⁰ PM.
 *When there is no attending physician or midwife, then the householder should make this return.

(Signature) Geo A. Payne
 (Attending physician, midwife, householder,*)

Given or Christian name added from a supplemental report... 191...

Address Insipitation

Filed June 17 1918

John H. Lacey
 LOCAL REGISTRAR.

295-601-963
 COUNTY REGISTRAR.

Filed July 6 1918

A True Copy B. G. Joy
 COUNTY REGISTRAR.