20

number of each, in order of birth, stated. This certificate must be filed by the attending Physician or Midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH

County of Apache

District of Eagar

Town of Eagar

or

City of

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS.

ORIGINAL CERTIFICATE OF BIRTH.

State Index No. 11

Co. Register No. 38

Local Registrar's No. 2

(No. St; Ward)

FULL NAME OF CHILD Elnora Slade

Born Alive: YES ~~NO~~

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

Sex of Child: Female | Twin, Triplet or other: X | and | Number in order of birth: 5 | Legitimate? Yes | Date of Birth: July (Month) 24 (Day) 1919 (yr.)

FATHER

Full Name: Erastus Slade

Residence: Eagar

Color or Race: White | Age at last Birthday: 34 (Years)

Birthplace: New Mex

Occupation: Day Laborer

MOTHER

Full Maiden Name: Maggie Baird

Residence: Eagar

Color or Race: White | Age at last Birthday: 27 (Years)

Birthplace: Arizona

Occupation: Home Keeper

Number of child of this mother: 5 | Number of children, of this mother, now living: 5 | Were precautions taken against Ophthalmia neonatorum?

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on, July 24 1919, at ___ M.

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

(Signature) E. C. Hamblin

(Attending physician, midwife, householder.*)

Given or christian name added from a supplemental report ____ 191__

Address: Eagar Ariz

Filed Feb 5 1920 E. J. Udall

LOCAL REGISTRAR.

525-724-424

COUNTY REGISTRAR.

Filed Feb 10 1920 A True Copy T. J. Boulden

COUNTY REGISTRAR.