

the 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.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

PLACE OF BIRTH
 County of Gila State Index No. 169
 District of _____ Co. Registrar's No. 131
 Town of _____ Local Registrar's No. _____
 or _____
 City of Miami (No. _____ St. _____ Ward)

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

Sex of Child <u>male</u>	Twin, Triplet or other _____	and	Number in order of birth <u>1</u>	Legitimate? <u>yes</u>	Date of Birth <u>2-24-1920</u> Month Day Yr.
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Full Name <u>FATHER</u> <u>William Heble</u> Residence <u>Miami Ariz</u> Color or Race <u>white</u> Age at last Birthday <u>26</u> Years <u>American</u> Birthplace <u>Carroll England</u> Occupation <u>Coast Engineer</u>	Full Name <u>MOTHER</u> <u>Alice McKeenon</u> Residence <u>Miami Ariz</u> Color or Race <u>white</u> Age at last Birthday <u>20</u> Years <u>American</u> Birthplace <u>Ill.</u> Occupation <u>housewife</u>
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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 2/24/1920 at 4 AM.

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

Signature D. H. Slaughter
 Attending physician, midwife, householder.*
 Address Miami Ariz
 LOCAL REGISTRAR.

Given or Christian name added from a supplemental report _____ 191____
 Filed 2/28/1920
645-224-145 COUNTY REGISTRAR.
 Filed Mar 6 1920 A True Copy
B. G. Fox COUNTY REGISTRAR.