ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 172

Co. Register No. 195

Local Registrar's No. .....

PLACE OF BIRTH

County of Gila

District of .....

Town of Miami

or

City of .....

(No. ..... St; ..... Ward)

FULL NAME OF CHILD Sylvia Jane Collins

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 | and | Number in order of birth 1 | Legitimate? yes | Date of Birth 3 (Month) / 31 (Day) / 1920 (Yr.)

FATHER

Full Name Frank E. Collins

Residence Miami Ariz

Color or Race white american

Age at last Birthday 28 (Years)

Birthplace Colo

Occupation Electrician

MOTHER

Full Maiden Name Elda Berry

Residence Miami Ariz

Color or Race white american

Age at last Birthday 19 (Years)

Birthplace Texas

Occupation Housewife

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 above child; and that it occurred on 3/31/1920, at 2 A. M.

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

(Signature) T H Slaughter

(Attending physician, ~~midwife, householder.~~*)

Address Miami Ariz

T H Slaughter

LOCAL REGISTRAR.

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

Filed 3/31/1920

A True Copy

B. G. Fox

COUNTY REGISTRAR.

232-331-528

COUNTY REGISTRAR.

Filed 4/4 1920