

2150

one 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 Yuma  
District of Miami  
Town of \_\_\_\_\_  
or Miami  
City of \_\_\_\_\_

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 186  
Co. Registrar's No. 409  
Local Registrar's No. \_\_\_\_\_

FULL NAME OF CHILD Rose Snyder (No. \_\_\_\_\_ St: \_\_\_\_\_ Ward) } Born } YES  
If child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive } NO

Sex of Child male } and } Number in order of birth 1 } Legitimate? yes } Date of Birth July-8- 1920  
Twin, Triplet or other } } } } } Month Day Yr.

FATHER  
Full Name Frank Snyder  
Residence Miami Ariz  
Color or Race white Age at last Birthday 28 Years  
Jewish  
Birthplace N.Y.  
Occupation Merchant

MOTHER  
Full Maiden Name Mercedes Marcus  
Residence Miami Ariz  
Color or Race white Age at last Birthday 18 Years  
Mexican  
Birthplace Mexico  
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 the above child; and that it occurred on 7/8 1920 at 10 P.M.

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

Signature J.H. Slaughter  
Attending physician, midwife, householder.\*

Given or Christian name added from a supplemental report \_\_\_\_\_ 191\_\_

Address Miami Ariz

429-708-412  
COUNTY REGISTRAR.

Filed 7/10 1920

A True Copy

Filed 7-20 1920

J.H. Slaughter  
LOCAL REGISTRAR.

B.G. Jol  
COUNTY REGISTRAR.