2202

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 237

Co. Registrar's No. 446

Local Registrar's No. _____

PLACE OF BIRTH

County of Gila

District of _____

Town of _____ or City of Miami

(No. _____ St; _____ Ward)

FULL NAME OF CHILD Vernon Lee Watkins | Born Alive | YES ~~NO~~

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

Sex of Child	~~Twin, Triplet~~ or other	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Yr.)
Male			2	yes	July	30	1920

FATHER		MOTHER	
Full Name	Samuel Lee Watkins	Full Maiden Name	Mattie Essary
Residence	Miami Ariz	Residence	Miami Ariz
Color or Race	White American	Age at last Birthday	32 Years
Birthplace	Texas	Color or Race	White American
Occupation	Teamster	Age at last Birthday	25 Years
		Birthplace	Texas
		Occupation	Housewife

Number of child of this Mother 2 | Number of Children, of this mother, now living 2 | 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 July 30 1920 at 5 P.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.

Given or Christian name added from a supplemental report _____ 191__

Filed 7/30/1920

T H Slaughter
LOCAL REGISTRAR.

562-730-458
COUNTY REGISTRAR.

A True Copy

Filed 8/2 1920

B. G. [illegible]
COUNTY REGISTRAR.

or midwife with each local Registrar within 5 days after birth.