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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 138

Co. Registrar's No. 667

Local Registrar's No.

PLACE OF BIRTH

County of Gila

District of Miami

Town of

or

City of Miami

(No. St; Ward)

FULL NAME OF CHILD Violet Drew Beard

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

Born Alive: YES ~~NO~~

Sex of Child	~~Twin,~~ ~~Triplet~~ or other	and	Number in order of birth	Legitimate?	Date of Birth (Month, Day, Yr.)
Female			1	Yes	Nov - 11 - 1920

FATHER		MOTHER	
Full Name	Thomas Beard	Full Maiden Name	Violet Drew
Residence	Miami Ariz	Residence	Miami Ariz
Color or Race	white Amer.	Color or Race	white american
Age at last Birthday	22 Years	Age at last Birthday	27 Years
Birthplace	England	Birthplace	England
Occupation	millman	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 Nov - 11 - 1920 at 4 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 Nov - 15 - 1920

T H Slaughter

LOCAL REGISTRAR.

524-1111-546

COUNTY REGISTRAR.

Filed 11/27 1920

A True Copy

B. G. [illegible]

COUNTY REGISTRAR.

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