4169

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

## ORIGINAL CERTIFICATE OF BIRTH

State Index No. 149

Co. Registrar's No. 738

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 William Tully Cavender Jr. Born Alive YES ~~NO~~

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

Sex of Child Male | ~~Twin, Triplet~~ or other | and | Number in order of birth 2 | Legitimate? Yes | Date of Birth Dec - 8 - 1920 (Month Day Yr.)

| FATHER | | MOTHER | |
|---|---|---|---|
| Full Name | William Tully Cavender | Full Maiden Name | Edna Hobbs |
| Residence | Miami Ariz | Residence | Miami Ariz |
| Color or Race | white | Color or Race | white |
| Age at last Birthday | 37 Years | Age at last Birthday | 31 Years |
| Birthplace | American Texas | Birthplace | American Texas |
| Occupation | Driller | 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 Dec - 8 - 1920 at 8 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 12/10/1920

639-1208-582

COUNTY REGISTRAR.

Filed 12-27-1920

A True Copy

B. G. Fox

COUNTY REGISTRAR.

... RETURN must be made for each ... 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.