4195

PLACE OF BIRTH

County of Gila

District of Miami

Town of
or
City of Miami

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 169

Co. Registrar's No.

Local Registrar's No.

(No. St; Ward)

FULL NAME OF CHILD Lenore Parsons

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

Born Alive YES ~~NO~~

Sex of Child Female | ~~Twin, Triplet~~ or other | and | Number in order of birth 4 | Legitimate? Yes | Date of Birth 12 - 18 - 1920 (Month Day Yr.)

FATHER		MOTHER	
Full Name	D. R. Parsons	Full Maiden Name	Lillian Wixom
Residence	Miami Ariz	Residence	Miami Ariz
Color or Race	White American	Age at last Birthday	31 Years
Birthplace	Texas	Birthplace	Calif.
Occupation	Iron Worker	Occupation	Housewife

Number of child of this Mother 4 | Number of Children, of this mother, now living 4 | 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 12/18/ 1920, at 7 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

Given or Christian name added from a supplemental report 191

Filed 12/18/ 1920

T H Slaughter
LOCAL REGISTRAR.

872-1218-364
COUNTY REGISTRAR.

Filed 12/27 1920

A True Copy

B. G. [illegible]
COUNTY REGISTRAR.

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