4167

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 1442

Co. Registrar's No. 166

Local Registrar's No. ------

PLACE OF BIRTH

County of Gila

District of Globe Precinct

Town of Miami

or

City of ------ (No. ------ St. ------ Ward)

FULL NAME OF CHILD Betty Lou Slaughter

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	Number in order of birth	Legitimate?	Date of Birth (Month, Day, Yr.)
Girl	other	1	Yes	March 15 1911

FATHER

Full Name: Theron Hart Slaughter

Residence: Miami, Arizona

Color or Race: American — Age at last Birthday: 33 Years

Birthplace: Arkansas

Occupation: Doctor, M.D.

MOTHER

Full Maiden Name: Hazel Virginia Sandoz

Residence: Miami, Arizona

Color or Race: American — Age at last Birthday: 24 Years

Birthplace: California

Occupation: Housewife

Number of child of this Mother: ------

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 Mar. 15, 1911, at 11 M.

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

Signature: [illegible]

Attending physician, ~~midwife, householder~~.*

Address: [illegible]

Given or Christian name added from a supplemental report ------ 191--

Filed Mar 31 1921

LOCAL REGISTRAR.

A True Copy

Filed Mar 6 1941

COUNTY REGISTRAR.

COUNTY REGISTRAR.

229-315-829

the number of each, in order of birth, stated. This certificate must be made or midwife with each local Registrar within 5 days after birth.