2105

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 142

Co. Registrar's No. 234

Local Registrar's No. .....

PLACE OF BIRTH

County of Gila

District of Miami

Town of Inspiration

or

City of .....

(No. ..... St; ..... Ward)

FULL NAME OF CHILD Thomas Ralph Sain

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

Born Alive: YES ~~NO~~

Sex of Child: male

~~Twin, Triplet~~ or other: and

Number in order of birth: 5

Legitimate? yes

Date of Birth: Apr - 15 - 1921 (Month Day Yr.)

FATHER		MOTHER	
Full Name	L. J. Sain	Full Maiden Name	Ethel Dovco
Residence	Inspiration Ariz	Residence	Inspiration Ariz
Color or Race	white amer	Color or Race	white amer
Age at last Birthday	34 Years	Age at last Birthday	28 Years
Birthplace	New. Mex	Birthplace	Mich
Occupation	Miner	Occupation	House wife

Number of child of this Mother: 5

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 4/15/1921, at 3 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.*

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

Address Miami Ariz

Filed Apr 20 1921

B W Hardy M.D.

LOCAL REGISTRAR.

325-415-542

COUNTY REGISTRAR.

Filed May 7 1921

A True Copy

B. E. Fox

COUNTY REGISTRAR.

... must be made for each, in order of birth, stated. This certificate must be filed by the attending Physic... or midwife with each local Registrar within 5 days after birth.