

1065

one 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.

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH  
County of Gila State Index No. 146  
District of Superstition ORIGINAL CERTIFICATE OF BIRTH Co. Registrar's No. 274  
Town of Superstition Local Registrar's No. \_\_\_\_\_  
or \_\_\_\_\_  
City of \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

FULL NAME OF CHILD Olive May Stone Born YES  
If child is not named, make Supplemental Report on blank obtainable from local registrar. Alive NO

Sex of Child <u>Female</u>	Twin, Triplet or other _____	and	Number in order of birth <u>2</u>	Legitimate? <u>yes</u>	Date of Birth <u>6 - 30 - 1921</u>
					Month Day Yr.

Full Name <u>Wm F Stone</u>	FATHER	Full Maiden Name <u>Alpha Taylor</u>	MOTHER
Residence <u>Superstition AZ</u>		Residence <u>Superstition AZ</u>	
Color or Race <u>white</u>	Age at last Birthday <u>49</u>	Color or Race <u>white</u>	Age at last Birthday <u>37</u>
	Years		Years
Birthplace <u>Ark.</u>		Birthplace <u>Kansas</u>	
Occupation <u>Laborer</u>		Occupation <u>Housewife</u>	

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 6/30/21 at 1 AM.

\*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 Guiana Ariz

Filed June 30 1921 B. W. Hade LOCAL REGISTRAR.  
Filed July 5 1921 B. W. Hade COUNTY REGISTRAR.

625-630-139 COUNTY REGISTRAR.