PLACE OF BIRTH

County of Maricopa

District of

Town of Phoenix
or

City of

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 312

Co. Registrar's No. 1420

Local Registrar's No. 8731

## ORIGINAL CERTIFICATE OF BIRTH

(No. R. R. No 2 St.; Ward)

FULL NAME OF CHILD Danial Hendrick Thrasher Born Alive Yes ~~No~~

If child is not named, make Supplemental Report on blank obtainable from Local Registrar.

| Sex of Child | Twin, Triplet or other | Number in order of birth | Legitimate? | Date of Birth |
|---|---|---|---|---|
| Male | Single and | 3rd | Yes | Aug 15 1921 (Month) (Day) (Yr.) |

| FATHER | | MOTHER | |
|---|---|---|---|
| Full Name | F. H. Thrasher | Full Maiden Name | Elizabeth Anderson |
| Residence | Phoenix | Residence | Phoenix |
| Color or Race | White | Color or Race | White |
| Age at last Birthday (Years) | 43 | Age at last Birthday (Years) | 41 |
| Birthplace | Mo. | Birthplace | Kansas |
| Occupation | Engineer | Occupation | House wife |

Number of children of this mother 3 | 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 Aug 15 1921, at 2 A.M.

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

(Signature) [signature]
(Attending physician, midwife, householder.*)

Address Phoenix Ariz

Given or Christian name added from a supplemental report 192

Filed Aug. 19 1921 Dr. H. C. Beauchamp
LOCAL REGISTRAR.

439-815-515
COUNTY REGISTRAR.

A True Copy
Filed Sept. 1 1921

GRANT S. MONICAL, M. D.
COUNTY REGISTRAR.