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the 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
District of _____
Town of _____
or _____
City of Miami (No. _____ St. _____ Ward _____)

State Index No. 1211
Co. Registrar's No. 156
Local Registrar's No. _____

ORIGINAL CERTIFICATE OF BIRTH

FULL NAME OF CHILD Gerald Bowden Jones
If child is not named, make Supplemental Report on blank obtainable from local registrar.

Sex of Child <u>Male</u>	<u>Twin</u> <u>Triplet</u> or other	and	Number in order of birth <u>1</u>	Legitimate? <u>yes</u>	Date of Birth <u>Sept-20-</u> 19 <u>21</u> Month Day Yr.
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Full Name <u>John Jones</u> Residence <u>Miami Ariz</u> Color or Race <u>white</u> Age at last Birthday <u>310</u> Years Birthplace <u>Calif</u> Occupation <u>mechanics</u>	FATHER	Full Maiden Name <u>Violet Bowden</u> Residence <u>Miami Ariz</u> Color or Race <u>white</u> Age at last Birthday <u>25</u> Years Birthplace <u>Calo</u> Occupation <u>Housewife</u>	MOTHER
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Number of child of this Mother 1 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 Sept-20- 1921, at 12:30 A.

*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
B N Hardy R D
LOCAL REGISTRAR.

712-920-525
COUNTY REGISTRAR.

Filed Sept 30 1921 A True Copy Filed Oct 5 1921 COUNTY REGISTRAR.