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ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH
County of Gila
District of _____
Town of Miami
or
City of _____

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 156
Co. Registrar's No. 123
Local Registrar's No. _____

FULL NAME OF CHILD David Merle Anderson
If child is not named, make Supplemental Report on blank obtainable from local registrar. } Born } YES
Alive } NO

Sex of Child male } Twin, Triplet or other } and } Number in order of birth 4 } Legitimate? yes } Date of Birth Mar - 24 - 1922
Month Day Yr.

FATHER
Full Name Russ E. Anderson
Residence Claypool Ariz
Color or Race white Age at last Birthday 42 Years
American
Birthplace Texas
Occupation Tramster

MOTHER
Full Maiden Name Mary Hagan
Residence Claypool Ariz
Color or Race white Age at last Birthday 34 Years
American
Birthplace Texas
Occupation housewife

Number of child of this Mother 4 Number of Children, of this mother, now living 4 Were precautions taken against Ophthalmia neonatorum? _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on 3/24/1922 at 7 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____
415-314-485
COUNTY REGISTRAR.

Address Miami Ariz
Filed Mar 31 1922 B. W. Hardy
LOCAL REGISTRAR.
Filed 5/6 1922 B. G. Fox
A True Copy
COUNTY REGISTRAR.