2376

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 160

Co. Registrar's No. 242

Local Registrar's No.

PLACE OF BIRTH

County of Gila

District of

Town of Miami

or

City of (No. St: Ward)

FULL NAME OF CHILD Della Fay Green

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

Born Alive: YES ~~NO~~

Sex of Child Female | ~~Twin, Triplet~~ or other | and | Number in order of birth 1 | Legitimate? yes | Date of Birth June 18 1922 (Month Day Yr.)

FATHER

Full Name Mart Green

Residence Miami Ariz

Color or Race white | Age at last Birthday 19 Years

American

Birthplace New Mex

Occupation Teamster

MOTHER

Full Maiden Name Lida Sanders

Residence Miami Ariz

Color or Race white | Age at last Birthday 18 Years

American

Birthplace Ariz

Occupation Housewife

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 6/18/1922, at 3 P. M.

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

Signature G N Slaughter
Attending physician, midwife, householder.*

Address Miami Ariz

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

Filed June 20 1922 C B Hardy
LOCAL REGISTRAR.

475-618-322
COUNTY REGISTRAR.

Filed 7-5 1922 A True Copy
COUNTY REGISTRAR.

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and 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.