2407

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 102

Co. Registrar's No. 280

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 Mary Elizabeth Denton

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: 3 | Legitimate? yes | Date of Birth: June 30 1922 (Month, Day, Yr.)

FATHER		MOTHER	
Full Name	Andrew E. Denton	Full Maiden Name	Creta Halcolm
Residence	Safford Ariz	Residence	Safford Ariz
Color or Race	white American	Age at last Birthday	45 Years
Birthplace	Mich	Color or Race	white American
Occupation	Garage Owner	Age at last Birthday	32 Years
		Birthplace	Nebraska
		Occupation	Housewife

Number of child of this Mother: 3 | 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 6/30 192 , at 4 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.*

Address Miami Ariz

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

Filed July 4 1922 B. M. Hardy LOCAL REGISTRAR.

445-630-384 COUNTY REGISTRAR.

Filed 8-8 1922 A True Copy B. G. Lee 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.