984

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.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 179

Co. Registrar's No. 391

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 Martha Funsell Hill

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 Aug - 26 - 1922 (Month Day Yr.)

FATHER		MOTHER	
Full Name	Clinton F. Hill	Full Maiden Name	Dolly Hagen
Residence	Claypool Ariz	Residence	Claypool Ariz
Color or Race	white American	Color or Race	white American
Age at last Birthday	26 Years	Age at last Birthday	18 Years
Birthplace	New Mex	Birthplace	Arizona
Occupation	Laborer	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 8/26 - 1922 at 4 P. 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..

Address Miami Ariz.

Filed 8/31 1922 B. M. Hall

LOCAL REGISTRAR.

483-826-485

COUNTY REGISTRAR.

Filed 9/7 1922 A True Copy B. G. Sia

COUNTY REGISTRAR.