2531

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 137

Co. Registrar's No. 482

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 Hazel Louise King

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 5 | Legitimate? yes | Date of Birth Oct - 9 - 1922 (Month Day Yr.)

FATHER		MOTHER	
Full Name	Clarence A. King	Full Maiden Name	Lissie Corn
Residence	Miami Ariz	Residence	Miami Ariz
Color or Race	white	Color or Race	white
Age at last Birthday	28 Years	Age at last Birthday	33 Years
	American		American
Birthplace	Texas	Birthplace	N. M.
Occupation	Mechanic	Occupation	Housewife

Number of child of this Mother 5 | Number of Children, of this mother, now living 2 | 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 10/9/ 1922 at 9 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.*

Address Miami Ariz

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

Filed 10/10-22 191...

B. W. Hardy by C. E. Irvine

LOCAL REGISTRAR.

827-1009-335

COUNTY REGISTRAR.

Filed 11/6 1922

A True Copy

B. G. Jay

COUNTY REGISTRAR.

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each the number of each, in order of birth, stated. This certificate must be filed by the attending Phys. or midwife with each local Registrar within 5 days after birth.