

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

PLACE OF BIRTH
 County of Gila State Index No. 140
 District of _____ ORIGINAL CERTIFICATE OF BIRTH Co. Registrar's No. 566
 Town of Miami Local Registrar's No. _____
 or _____
 City of _____ (No. _____ St. _____ Ward)

FULL NAME OF CHILD Elizabeth Jean Sullivan Born YES
 If child is not named, make Supplemental Report on blank obtainable from local registrar. Alive NO

Sex of Child <u>Female</u>	<input checked="" type="checkbox"/> Twin, Triplet or other	and	Number in order of birth <u>2</u>	Legitimate? <u>yes</u>	Date of Birth <u>Nov - 20 - 1922</u>
					Month Day Yr.

FATHER Full Name <u>James Sullivan</u> Residence <u>Miami Ariz</u> Color or Race <u>white American</u> Age at last Birthday <u>42</u> Years Birthplace <u>Texas</u> Occupation <u>mechanic</u>		MOTHER Full Maiden Name <u>Lula H. Knight</u> Residence <u>Miami Ariz</u> Color or Race <u>white American</u> Age at last Birthday <u>40</u> Years Birthplace <u>Mo.</u> Occupation <u>housewife</u>	
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Number of child of this Mother 2 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 11/20/22 1922 at 4 AM.

*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
B. W. Hardy by C. E. Drin
 LOCAL REGISTRAR.

Given or Christian name added from a supplemental report _____ 191____
 Filed 11/30/22 191____
 Filed 12/5 1922 A True Copy

525-1120-323
 COUNTY REGISTRAR.

B. G. Gray
 COUNTY REGISTRAR.