

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 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. 166
 District of _____ ORIGINAL CERTIFICATE OF BIRTH Co. Registrar's No. 63
 Town of Maricopa Local Registrar's No. _____
 or _____
 City of _____ (No. _____ St. _____ Ward _____)

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

Sex of Child male Twin, yes 3 and Number in order of birth 1st Legitimate? yes Date of Birth Jan-26- 1923
 or Race white or other 3 1st yes Month Day Yr.

FATHER
 Full Name Clyde McBride
 Residence Claypool Ariz
 Color or Race white Age at last Birthday 27 Years
 Birthplace American
 Occupation Chauffeur

MOTHER
 Full Maiden Name Zela Saw
 Residence Claypool Ariz
 Color or Race white Age at last Birthday 21 Years
 Birthplace American
 Occupation Tex

Number of child of this Mother 3 Number of Children, of this mother, now living 3 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 Jan-26- 1923 at 4:35 A.M.
 { *When there is no attending physician or midwife, then the householder should make this return. }
 Signature J. H. Slaughter
 Attending physician, midwife, householder.*

Given or Christian name added from a supplemental report _____ 191____
 Address Maricopa Ariz
 Filed Jan 31 19123 Charles E. Davis LOCAL REGISTRAR.
645-126-926 A True Copy Filed 2/5 1923 B. G. Fox COUNTY REGISTRAR.
 COUNTY REGISTRAR. COUNTY REGISTRAR.