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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

PLACE OF BIRTH
County of Gila State Index No. 146
District of _____ Co. Registrar's No. 295
Town of Miami Local Registrar's No. _____
or _____
City of _____ (No. _____ St. _____ Ward)

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

Sex of Child <u>Male</u>	Twin, Triplet or other _____	and	Number in order of birth <u>1</u>	Legitimate? <u>yes</u>	Date of Birth <u>4 / 14 / 1923</u>
Full Name <u>Robert John Wright</u>	FATHER		Full Maiden Name <u>Vera Williams</u>	MOTHER	
Residence <u>Claypool Ariz</u>	Age at last Birthday <u>30</u>	Years	Residence <u>Claypool Ariz</u>	Age at last Birthday <u>28</u>	Years
Color or Race <u>white</u>	American		Color or Race <u>white</u>	American	
Birthplace <u>Texas</u>	Occupation <u>machinist</u>		Birthplace <u>Texas</u>	Occupation <u>housewife</u>	
Number of child of this Mother <u>1</u>	Number of Children, of this mother, now living <u>1</u>		Were precautions taken against Ophthalmia neonatorum? <u>yes</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on 4/14/23 at 5 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.*

Address Miami Ariz
P. O. Box 10

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

963-414-562 COUNTY REGISTRAR. Filed May 5 1923

A True Copy Filed 6/6 1923

B. G. Joy LOCAL REGISTRAR.
COUNTY REGISTRAR.