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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

1. County of Selma State Index No. 140
 District of Claypool County Registrar No. 314
 Town of _____ Local Registrar No. _____
 or _____
 City of _____ St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Betty Lee Bennett If child is not yet named, make supplemental report, as directed.

3. Sex of Child 71 To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? yes 7. Date of birth May 14-1923
 Month Day Year

8. FATHER Full name <u>Jack Bennett</u>	14. MOTHER Full maiden name <u>Margorie Williams</u>
9. Residence (Usual place of abode) <u>Claypool Ariz.</u> If nonresident, give place and state	15. Residence (Usual place of abode) <u>Claypool Ariz.</u> If nonresident, give place and state
10. Color or race <u>White</u>	16. Color or race <u>White</u>
11. Age at last birthday <u>26</u> (Years)	17. Age at last birthday <u>20</u> (Years)
12. Birthplace (city or place) <u>Arizona</u> (State or country)	18. Birthplace (city or place) <u>Calif.</u> (State or country)
13. Occupation <u>Mechanic</u> Nature of industry	19. Occupation <u>Housewife</u> Nature of industry
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living <u>2</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>	21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8 a m. on the date above stated.
 (Born alive or stillborn.)

Signature T. H. Slaughter, M.D. (Physician or midwife)
 Address Miami Ariz.

Given name added from a supplemental report _____
 Month, day, year. _____
 Registrar. _____

Filed May 31, 1923 _____
 Filed 6-6 1923 _____
 County Registrar. _____

223-514-460