

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  
 in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Maricopa</u>		BUREAU OF VITAL STATISTICS	
District of _____		ORIGINAL CERTIFICATE OF BIRTH	
Town of <u>Miami</u>		State Index No. <u>162</u>	County Registrar No. <u>336</u>
or _____		Local Registrar No. _____	
City of _____		St. _____	Ward _____
2. Full name of child <u>Richard James Deble</u>		No. _____ birth occurred in a hospital or institution, give its NAME instead of street and number)	
3. Sex of Child <u>male</u>		4. Twin, triplet or other _____	
To be answered ONLY in event of plural births.		6. Legitimate? <u>yes</u>	
5. No., in order of birth _____		7. Date of birth <u>May-22-23</u>	
		Month Day Year	
8. FATHER		14. MOTHER	
Full name <u>Wm. Deble</u>		Full maiden name <u>Alie McDeerman</u>	
9. Residence <u>Miami Ariz</u>		15. Residence <u>Miami Ariz</u>	
(Usual place of abode)		(Usual place of abode)	
If nonresident, give place and state		If nonresident, give place and state	
10. Color or race <u>White American</u>		16. Color or race <u>White American</u>	
11. Age at last birthday <u>28</u> (Years)		17. Age at last birthday <u>23</u> (Years)	
12. Birthplace (city or place) <u>England</u>		18. Birthplace (city or place) <u>Calif.</u>	
(State or country)		(State or country)	
13. Occupation <u>Mechanic</u>		19. Occupation <u>Housewife</u>	
Nature of industry		Nature of industry	
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)		21. Were precautions taken against ophthalmia neonatorum?	
(a) Born alive and now living <u>2</u>		<u>yes</u>	
(b) Born alive but now dead _____			
(c) Stillborn _____			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>6 A.</u> m. on the date above stated.			
(Born alive or stillborn)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.		Signature <u>T. H. Slaughter M.D.</u>	
		(Physician or midwife)	
Address <u>Miami Ariz.</u>			
Given name added from a supplemental report _____		Filed <u>May 31</u> , 19 <u>23</u>	
Month, day, year.		<u>C. S. Irvine</u> Local Registrar.	
Registrar. _____		Filed <u>6-6</u> , 19 <u>23</u> <u>B. G. Gray</u> County Registrar.	

945-522-145