

196

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

PLACE OF BIRTH  
County of Gila  
District of Miami  
City of \_\_\_\_\_  
or \_\_\_\_\_  
No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

State Index No. 134 a  
County Registrar No. 2  
Local Registrar No. \_\_\_\_\_

Full name of child Blauche Geraldine Gilette  
Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 5. Legitimate? yes 6. Date of birth Sept. 15-1923  
Month day year

8. FATHER Full name <u>Sterling Gilette</u>		14. MOTHER Full maiden name <u>Estrode Warren</u>	
9. Residence (Usual place of abode) <u>Miami Ariz</u> If nonresident, give place and state		15. Residence (Usual place of abode) <u>Miami Ariz</u> If nonresident, give place and state	
10. Color or race <u>white</u>	11. Age at last birthday <u>21</u> (Years)	16. Color or race <u>white</u>	17. Age at last birthday <u>18</u> (Years)
12. Birthplace (city or place) <u>Okla</u> (State or country)		18. Birthplace (city or place) <u>Mich</u> (State or country)	
13. Occupation <u>Electrician</u> Nature of industry		19. Occupation <u>Housewife</u> Nature of industry	

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 1 (b) Born alive but now dead none (c) Stillborn none 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*  
I hereby certify that I attended the birth of this child, who was Born alive at 3 P. 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 evidences of life after birth.  
When name added from supplemental report \_\_\_\_\_  
Month, day, year.

Signature T. H. Slaughter (Physician or midwife)  
Address Miami Ariz  
Filed Jan 31, 1924 \_\_\_\_\_  
Filed 2/3 \_\_\_\_\_  
Local Registrar. \_\_\_\_\_  
County Registrar. \_\_\_\_\_

275-915-765