186

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

PLACE OF BIRTH

1. County of Gila

District of

Town of Miami

or

City of

State Index No. 137

County Registrar No. 850

Local Registrar No.

No. 903 Smith St. Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Marta Jane Sloan — If child is not yet named, make supplemental report, as directed.

3. Sex of Child: female — 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: December 14. 1923 (Month day year)

FATHER	MOTHER
8. Full name: George Thornburgh Sloan	14. Full maiden name: Eva Armelia Morrison
9. Residence (Usual place of abode): Miami Arizona — If nonresident, give place and state	15. Residence (Usual place of abode): Miami, Arizona — If nonresident, give place and state
10. Color or race: White — 11. Age at last birthday 30 (Years)	16. Color or race: White — 17. Age at last birthday 29 (Years)
12. Birthplace (city or place) (State or country): Arkansas	18. Birthplace (city or place) (State or country): Arkansas
13. Occupation: Secretary — Nature of industry: Copper mining	19. Occupation: Housewife — 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 3
(b) Born alive but now dead 0
(c) Stillborn 0

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 alive at 5:50 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.

Signature: F. F. Miller (Physician ~~or midwife~~)

Address: Miami, Arizona

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

Filed Dec 31, 1923 — C. E. Irwin, Local Registrar.

Filed 1-5, 1924 — B. G. Jay, County Registrar.

Registrar.

425-1214-545

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.