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WRITE EXACTLY 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

PLACE OF BIRTH
1. County of Yuma
District of _____
Town of _____
or
City of Miami

State Index No. 169
County Registrar No. 875
Local Registrar No. _____

2. Full name of child Bill Hart Slaughter
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
3. Sex of Child M 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 Dec 27 1923
Month day year

8. FATHER Full name Theron Hart Slaughter
9. Residence (Usual place of abode) Miami Ariz.
If nonresident, give place and state _____
10. Color or race W.
11. Age at last birthday 35 (Years)
12. Birthplace (city or place) Springdale
(State or country) Arkansas
13. Occupation Nature of industry Phys + Surgeon

14. MOTHER Full maiden name Hazel V. Sandoz
15. Residence (Usual place of abode) Miami
If nonresident, give place and state _____
16. Color or race W.
17. Age at last birthday 29 (Years)
18. Birthplace (city or place) Bronox
(State or country) Calif
19. Occupation Nature of industry Housewife

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 2
(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 10:30 pm. 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 H. H. Horst, M.D.
Address Globe Ariz.
Given name added from _____
Month, day, year. _____
Filed 12-31, 1923 B. G. J. O'Neil
County Registrar.
Filed 1-6, 1924 B. G. J. O'Neil
County Registrar.

229-1227-829