

475-111-327

MARGIN RESERVE  
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

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

State Index No. 131  
County Registrar No. 40  
Local Registrar No. \_\_\_\_\_

2. Full name of child Milton Thaddeus Green } If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male 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 Jan-11-24  
Month day year

8. FATHER Full name <u>M. T. Green</u>		14. MOTHER Full maiden name <u>Lida Sanders</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 American</u>	11. Age at last birthday <u>21</u> (Years)	16. Color or race <u>White American</u>	17. Age at last birthday <u>20</u> (Years)
12. Birthplace (city or place) <u>New Mex</u> (State or country)		18. Birthplace (city or place) <u>Ariz</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 2  
(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 10 P 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.  
Given name added from \_\_\_\_\_  
a supplemental report \_\_\_\_\_

Signature J. A. Slaughter (Physician or midwife)  
Address Miami Ariz  
Filed Jan 31, 1924 Local Registrar.  
Filed 2/5/24 B. S. Day County Registrar.

Registrar. \_\_\_\_\_

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