

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 159
 Registered No. 143

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township _____ or Village _____
 City Miami No. M. + J. Hospital St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Betty Ruth Slaughter { 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. Legitimate? yes
 6. Date of birth June 13, 1925
 Month Day Year

8. FATHER
 Full name Steve Andrew Slaughter

14. MOTHER
 Full maiden name Elizabeth Aeschmann

9. Residence (Usual place of abode) Inspiration Ariz.
 If non-resident, give place and state.

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 If non-resident, give place and state.

10. Color or race Cauc. 11. Age at last birthday 36 (Years)

16. Color or race Cauc. 17. Age at last birthday 34 (Years)

12. Birthplace (city or place) Texas
 (State or country)

18. Birthplace (city or place) Bern, Switzerland
 (State or country)

13. Occupation
 Nature of industry mining

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 _____
 (b) Born alive but now dead _____
 (c) Stillborn _____

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 at 9:30 A. M. on the date above stated
(Born alive or stillborn)

Signature Cyril M. Brown, M.D.

 Physician (Physician or midwife)

Given name added from a supplemental report _____
 Month, day, year _____
 Address Miami, Arizona, Box 29

Filed July 2, 1925 C. E. Irwin
 Registrar Registrar

MARGIN RESERVED FOR BINDING. 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.

229-613-515