

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 150
Registered No. 150

1. PLACE OF BIRTH

County Yuma State _____
District or Township _____ or Village _____
City Miami No. 73 Chesholm Coy St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Baby Lawhead } 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 March 24 1930
Month Day Year

8. FATHER
Full name Barney Lawhead

14. MOTHER
Full maiden name Valentina Montoya

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

15. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.

10. Color or race White
11. Age at last birthday 35 (Years)

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

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

18. Birthplace (city or place) (State or country) West Virginia

13. Occupation Laborer
Nature of Industry

19. Occupation Housewife
Nature of Industry

20. Number of children of this mother 1 } (a) Born alive and now living 0
(Taken as of time of birth of child herein certified and including this child.) } (b) Born alive but now dead 0
 } (c) Stillborn 1
21. Were precautions taken against ophthalmia neonatorum? No.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Still Born at 9:45 m. on the date above stated.
(Born alive or stillborn)

Signature Charles E. Dorn
Miami Arizona
(Physician or midwife)

Given name added from a supplement report _____ Address _____
Month, day, year _____
Registrar. _____ Filed March 30 1930 Chas E. Dorn Registrar.

0911 - 374 - 541