

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 181
Registered No. 399

1. PLACE OF BIRTH
County Gila State Arizona
District or Township _____ or Village _____
City Miami No. Miami Insp Hospital St. _____ Ward _____
(if birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Katherine La Tourrette } 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 June 15-1930.
Month Day Year

8. FATHER
Full name Emerj Everest La Tourrette
9. Residence (Usual place of abode) Miami
If non-resident, give place and state Arizona
10. Color or race Cauc.
11. Age at last birthday 24 (Years)
12. Birthplace (city or place) Phoenix
(State or country) Arizona
13. Occupation
Nature of Industry Dairyman

14. MOTHER
Full maiden name Carrie Diecher Hoffman
15. Residence (Usual place of abode) Miami
If non-resident, give place and state Arizona
16. Color or race Cauc.
17. Age at last birthday 21 (Years)
18. Birthplace (city or place) Mobile
(State or country) Ala.
19. Occupation
Nature of Industry Housewife

20. Number of children of this mother: } (a) Born alive and now living. 7
(Taken as of time of birth of child, herein } (b) Born alive but now dead. 7
certified and including this child.) 3 } (c) Stillborn _____ } 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE 40

I hereby certify that I attended the birth of this child, who was born alive at 4:40 P. m. on the date above stated.
(Born alive or stillborn)

Signature Cyril M. Brown M.D. Physician
(Physician or midwife.)
Address Miami, Arizona
Month, day, year _____
Registrar. C. E. Dorsey
Filed June 15 1930

295-615-385

made in order of birth stated.