

ARIZONA STATE BOARD OF HEALTH

State File No. 200
Registered No. 410

BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

1. PLACE OF BIRTH

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

2. Full name of child Don Le Roy Thomas } 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 June 24 1930 }
Month Day Year

8. FATHER
Full name Alexander Thomas

14. MOTHER
Full maiden name Grace Curtis

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

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

10. Color or race Cauc
11. Age at last birthday 34 (Years)

16. Color or race Cauc
17. Age at last birthday 32 (Years)

12. Birthplace (city or place) Charlestown
(State or country) West Va.

18. Birthplace (city or place) Eden
(State or country) Arizona

13. Occupation miner
Nature of Industry

19. Occupation _____
Nature of Industry

20. Number of children of this mother 4 } (a) Born alive and now living 4
(Taken as of time of birth of child herein } (b) Born alive but now dead 0
certified and including this child.) } (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 born alive at S.A. on the date above stated.
(Born alive or stillborn)

Signature Byril M. Brown M.D.
(Physician or midwife.)

Given name added from a supplemental report _____
Month, day, year _____
Address Miami, Arizona
Filed June 30 1930 C. C. Dyer
Registrar. Registrar.

432-6211-732

Enter in order of birth stated.