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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 127

Registered No. 186

1. PLACE OF BIRTH

County: Gila State: Arizona

District or Township: or Village:

City: Gene No. St. Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child: Lucile Elnora Simpson

{ 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: Sept. 3, 1930 (Month Day Year)

8. FATHER

Full name: Eugene Francis Simpson

9. Residence (Usual place of abode): Gene

If non-resident, give place and state: Ariz.

10. Color or race: White

11. Age at last birthday: 29 (Years)

12. Birthplace (city or place): Rock Springs

(State or country): Texas

13. Occupation

Nature of industry: Miner

14. MOTHER

Full maiden name: Thelma Elnora Parker

15. Residence (Usual place of abode): Globe

If non-resident, give place and state: Ariz.

16. Color or race: White

17. Age at last birthday: 25 (Years)

18. Birthplace (city or place): Ruby

(State or country): Texas

19. Occupation

Nature of industry: Housewife

20. Number of children of this mother: 3

(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: 1

(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 alive (Born alive or stillborn) at 7:15 P m. on the date above stated.

Signature: [illegible]

Physician

(Physician or ~~midwife~~)

Address: Box 636 Gene, Arizona

* 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 evidence of life after birth.

Given name added from a supplemental report

Month, day, year

Registrar

Filed 10/10, 1930 [illegible] Registrar

325-903-379

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.