

N. B.—in case of more than one child at a birth, if SEPARATE REGISTRATIONS must be made for each, and the number of each in order of birth stated.

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

State File No. 144
Registered No. 576

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. Thomas Albert Ladd } If child is not yet named, make supplemental report, as directed.

3. Sex of Child: To be answered ONLY in event of plural births. } 4. Twin, triplet or other. _____ } 5. No., in order of birth. _____ }
Male } yes } no }
6. Legitimate? yes 7. Date of birth Oct. 11-1930
Month Day Year

8. FATHER
Full name Burton Andrew Ladd
9. Residence (Usual place of abode) San Carlos, Arizona
If non-resident, give place and state. Arizona
10. Color or race Cauc.
11. Age at last birthday 35 (Years)
12. Birthplace (city or place) Manzanita, O. K. Co.
(State or country)
13. Occupation
Nature of Industry Forest ranger

14. MOTHER
Full maiden name Alice Catherine Gray
15. Residence (Usual place of abode) San Carlos, Arizona
If non-resident, give place and state. Arizona
16. Color or race Cauc.
17. Age at last birthday 32 (Years)
18. Birthplace (city or place) Wicatar, Texas
(State or country)
19. Occupation
Nature of Industry Housewife

20. Number of children of this mother. 1 } (a) Born alive and now living. 1
(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 50
I hereby certify that I attended the birth of this child, who was born alive at 9:30 p. m. on the date above stated.
(Born alive or stillborn)

Signature Cyril M. Brown, M.D.
(Physician or midwife.)

Given name added from a supplemental report _____ Address Miami, Arizona
Month, day, year _____ Filed Oct 15 1930 Registrar _____

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