ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 196
Registered No. ~~399~~

1. PLACE OF BIRTH

County Gila State Arizona

District or Township ..... or Village P.O. Box 1293 Miami, Arizona

City Miami No. Midland City St., ... Ward

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

2. Full name of child Ruth Pearl Lacy } 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 Oct. 28 1930 (Month Day Year)

8. FATHER

Full name Howard Mathew Lacy

9. Residence (Usual place of abode) Miami

If non-resident, give place and state. Arizona

10. Color or race Canc. | 11. Age at last birthday 29 (Years)

12. Birthplace (city or place) Duncan

(State or country) Arizona

13. Occupation

Nature of Industry Truck driver

14. MOTHER

Full maiden name Alice C. Besner

15. Residence (Usual place of abode) Miami

If non-resident, give place and state. Arizona

16. Color or race Canc. | 17. Age at last birthday 25 (Years)

18. Birthplace (city or place) Central

(State or country) Arizona

19. Occupation

Nature of Industry Housewife

20. Number of children of this mother ..... (Taken as of time of birth of child herein certified and including this child.) 4 } (a) Born alive and now living 4 (b) Born alive but now dead 0 (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 2:35 P. m. on the date above stated.
(Born alive or ~~stillborn~~)

*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.

Signature Cyril M. Crow M.D.
(Physician or ~~midwife~~)

Given name added from a supplemental report ..... Address Miami, Arizona
Month, day, year

Filed Nov 17 1930 H. E. Jones
Registrar.

..... Registrar.

938-1028-129

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.