

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

State File No. 135a
 Registered No. 88

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township _____ or Village P.O. Box 100 - Miami -
 City Miami No. Miami - Insp. Hospital Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Donald Joseph La Ponde (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 Feb. 24 - 1931
Month Day Year

8. FATHER
 Full name Herbert Joseph La Ponde

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 31 (Years)

12. Birthplace (city or place) Ontario
(State or country) Canada

13. Occupation Mining Engineer
 Nature of Industry Miami Copper Co.

20. Number of children of this mother 2
(Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living 1
 (b) Born alive but now dead 1
 (c) Stillborn 0

14. MOTHER
 Full maiden name Norlene Gertrude Sullivan

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 33 (Years)

18. Birthplace (city or place) Ontario
(State or country) Canada

19. Occupation Housewife
 Nature of Industry

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 7:45 P. m. on the date above stated.
(Born alive or stillborn)

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

Given name added from a supplemental report _____
 Address Miami, Arizona

Filed Apr 6, 1931 Le. E. Dring
 Registrar Registrar

435 - 224 - 525

order of birth stated.