

105

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

State File No. _____

Registered No. 87

1. PLACE OF BIRTH

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

2. Full name of child David Warren Lewis
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 May 10, 1931
Month: 5 Day: 10 Year: 1931

8. FATHER
Full name David Hugh Lewis

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

10. Color or race White
11. Age at last birthday 23 (Years)

12. Birthplace (city or place) Yuma Ariz.
(State or country)

13. Occupation
Nature of Industry Rancher

14. MOTHER
Full maiden name Helen Madeline Cassidy

15. Residence (Usual place of abode) Coopper Hill Ariz.
If non-resident, give place and state.

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

18. Birthplace (city or place) Okla. County Okla.
(State or country)

19. Occupation
Nature of Industry Housewife

20. Number of children of this mother 1
(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 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 alive at 9:25 A. m. on the date above stated.
(Born alive or deceased)

* 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 [Signature]
Physician or Midwife

Given name added from supplemental report _____
Address Box 636 Globe, Ariz.

Month, day, year 5/10/31
432 _____
Registrar [Signature]
Filed 6/9 1931 [Signature]
Registrar