

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

State File No. 140
Registered No. 165

1. PLACE OF BIRTH

County Gila State ARIZONA

District or Township _____
City MIAMI No. 3002 Mizona Ave St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Richard De Witt Lachhart (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. Legitimate? yes 6. No. in order of birth _____ 7. Date of birth May 28 1931
Month Day Year

8. FATHER
Full name John Walter Lachhart

16. MOTHER
Full maiden name Genevieve Florence Jackson

9. Residence (Usual place of abode) MIAMI, ARIZONA
3002 Mizona Ave
If non-resident, give place and state.

15. Residence (Usual place of abode) MIAMI, ARIZONA
3002 Mizona Ave
If non-resident, give place and state.

10. Color or race white 11. Age at last birthday 28 (Years)

18. Color or race white 17. Age at last birthday 30 (Years)

12. Birthplace (city or place) Cedar Rapids
Nebraska
(State or country)

18. Birthplace (city or place) Kokomo
Indiana
(State or country)

13. Occupation Manager
Nature of Industry Woolworths Chain Store

19. Occupation Housewife
Nature of Industry _____

20. Number of children of this mother _____
(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 6:40 a.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 [Signature] F. P. MILLER, M. D. (Physician or midwife)

Given name added from supplemental report. 933-328-715 Address MIAMI, ARIZONA

Month, day, year _____ Filed June 1, 1931 Registrar [Signature]

Registrar

Registrar