

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

State File No. **142**  
 Registered No. **108**

**1. PLACE OF BIRTH**

County **Yila** State **Arizona**  
 District or Township **Globe** or Village \_\_\_\_\_  
 City **Globe** No. **Yila County Hospital** Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child **alice jane Lacey** (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.  0. Legitimate? **yes**  
 5. No., in order of birth **1** 7. Date of birth **June 1, 1931**  
Month Day Year

8. FATHER  
 Full name **Thomas Royston Lacey**  
 9. Residence (Usual place of abode) **Globe, Ariz.**  
 If non-resident, give place and state.

14. MOTHER  
 Full maiden name **Muriel Dean Roscerans**  
 15. Residence (Usual place of abode) **Globe, Arizona.**  
 If non-resident, give place and state.

10. Color or race **white**  
 11. Age at last birthday **29** (Years)

16. Color or race **white**  
 17. Age at last birthday **29** (Years)

12. Birthplace (city or place) **Grant Pass, Oregon**  
 (State or country)

13. Birthplace (city or place) **Whet Cheer, Iowa**  
 (State or country)

13. Occupation **Manager Woolworth Store**  
 Nature of Industry

19. Occupation **Housewife**  
 Nature of Industry

20. Number of children of this mother **One** (Taken as of time of birth of child herein certified and including this child.)  
 (a) Born alive and now living **one**  
 (b) Born alive but now dead **none**  
 (c) Stillborn **none**  
 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 **Tom Alice** at **7:30 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 **T. C. Harper** physician (Physician or midwife)

Given name added from a supplemental report. Address **Globe, Arizona**

138-601-492 Registered **7/9** 1931 **S. E. Wightman** Registrar