ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 150

Registered No. 173

1. PLACE OF BIRTH

County Gila State Arizona

District or Township ..... or Village .....

City Miami No. ..... St. ..... Ward

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

2. Full name of child Ida Loraine Joy { 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 June 4-1931 (Month Day Year)

8. FATHER

Full name Henry Clifford Joy

9. Residence (Usual place of abode) Miami

If non-resident, give place and state. Ariz

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

12. Birthplace (city or place) Alamogordo

(State or country) New Mexico

13. Occupation Plumber

Nature of Industry

14. MOTHER

Full maiden name Laura La Rue Markham

15. Residence (Usual place of abode) Miami

If non-resident, give place and state. Ariz

16. Color or race White | 17. Age at last birthday 23 (Years)

18. Birthplace (city or place) Eden

(State or country) Arizona

19. Occupation H W

Nature of Industry

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 Born Alive at 9 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 Charles E. Twin M.D.

(Physician or midwife).

Address Miami Arizona

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

918-604 3 44

Registrar

Filed June 10, 1931 C. E. Twin

Registrar