ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 106

Registered No. 254

1. PLACE OF BIRTH

County Gila State ARIZONA

District or Township ~~Midland City~~ or Village

City MIAMI No. Miami Inspiration Hospital St. War

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

2. Full name of child Lorena Elinor Walters (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 Aug 3 1931 (Month Day Year)

8. FATHER

Full name Lon Edwin Walters

9. Residence (Usual place of abode) MIAMI, ARIZONA

If non-resident, give place and state.

10. Color or race White

11. Age at last birthday 19 (Years)

12. Birthplace (city or place) Globe

(State or country) Arizona

13. Occupation Service Station Attendant

Nature of Industry

14. MOTHER

Full maiden name Elinor Grace Crys

15. Residence (Usual place of abode) MIAMI, ARIZONA

If non-resident, give place and state.

16. Color or race White

17. Age at last birthday 18 (Years)

18. Birthplace (city or place) Miami

(State or country) Arizona

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 1 30 P 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 F. F. Miller

F. F. MILLER, M. D.

(Physician or midwife).

Given name added from a supplemental report

Month, day, year

Address MIAMI, ARIZONA

362-803-532

Registrar

Filed Sep 3, 1931 C. E. Irvin

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

MARGIN RESERVED FOR BINDING