

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. **125**
Registered No. **576**

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 7 Dairy Canon St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child George Walter Le Moiné } If child is not yet named, make supplemental report, as directed.

3. Sex of child Male To be answered ONLY } 4. Twin, triplet or other..... } 6. Legitimate? yes 7. Date of birth Oct. 23-1931
In event of plural births. } 5. No., in order of birth..... } Month Day Year

8. FATHER
Full name George Walter Le Moiné
9. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state. Arizona
10. Color or race Cauc.
11. Age at last birthday 32 (Years)
12. Birthplace (city or place) Ft. Collins, Col.
(State or country)
13. Occupation
Nature of Industry Mining

14. MOTHER
Full maiden name Jessie Covey
16. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state. Arizona
16. Color or race Cauc.
17. Age at last birthday 28 (Years)
18. Birthplace (city or place) Childress, Texas
(State or country)
19. Occupation
Nature of Industry Housewife

20. Number of children of this mother: } (a) Born alive and now living 2
(Taken as of time of birth of child herein } (b) Born alive but now dead 0
certified and including this child.) } (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 3 A. m. on the date above stated.
(Born alive or stillborn)

Signature Leyril M. Brown M.D.
*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.
(Physician or midwife.)

Given name added from a supplemental report. _____ Address Miami, Arizona
Month, day, year 735-1023-138 Filed Oct 27, 31
Registrar. H. E. Brown 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.