

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

State File No. \_\_\_\_\_  
 Registered No. 411

**1. PLACE OF BIRTH**

County Gila State Arizona  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Miami No. Miami Insp. Hospital (If birth occurred in a hospital or institution give its NAME instead of street and number)  
 P.O. Box 213 - Inspiration, Ar.

2. Full name of child James Thomas La Tourette (If child is not yet named, supplemental report, as directed)

3. Sex of Child Male 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 Dec 26 - 19  
 Month Day Year

8. FATHER  
 Full name Emerg E. La Tourette

14. MOTHER  
 Full maiden name Carrie D. Hoffman

9. Residence (Usual place of abode) Miami  
 If non-resident, give place and state. Arizona

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 If non-resident, give place and state. Arizona

10. Color or race Cauc. 11. Age at last birthday 26 (Years)

18. Color or race Cauc. 17. Age at last birthday 23 (Years)

12. Birthplace (city or place) Phoenix  
 (State or country) Arizona

18. Birthplace (city or place) Mobile  
 (State or country) Alaban

13. Occupation  
 Nature of Industry Dairyman

19. Occupation  
 Nature of Industry Housewife

20. Number of children of this mother 4  
 (Taken as of time of birth of child herein certified and including this child) (a) Born alive and now living 4  
 (b) Born alive but now dead 0  
 (c) Stillborn 0

21. Were precautions taken against or thalimia neonatorum? Yes

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***  
 I hereby certify that I attended the birth of this child, who was Born alive at 4:30 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 Cyril M. Brown M.D.  
 (Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_  
 Month, day, year 135-1226-385  
 Registrar

Address Miami, Arizona  
 Filed Jan 5 1932 Charles E. Don  
 Registrar

... as birth stated.