

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

State File No. 87  
 Registered No. 149

**1. PLACE OF BIRTH**

County Gila State Arizona  
 District or Township \_\_\_\_\_ of Village P. O. Box 1293 - Miami, Ariz.  
 City Miami No. 8 Oak St. Claypool, Ariz. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give the NAME instead of street and number)

**2. Full name of child** Bertha Louise Lacy

(If child is not yet named, make supplemental report, as directed.)

<b>3. Sex of Child</b> <u>Female</u>	<b>To be answered ONLY</b> in event of plural births.	<b>4. Twin, triplet or other.</b>	<b>5. Legitimate?</b> <u>yes</u>	<b>6. Date of birth</b> <u>June 9 - 1932</u>
		<b>5. No., in order of birth</b>		Month Day Year

**8. FATHER**  
 Full name Robert Herrell Lacy  
 Residence (Usual place of abode) Miami  
 If non-resident, give place and state. Arizona  
 10. Color or race Cauc.  
 11. Age at last birthday 20 (Years)  
 12. Birthplace (city or place) Silver City  
 (State or country) N. Mex.  
 13. Occupation  
 Nature of Industry Butcher

**14. MOTHER**  
 Full maiden name Josephine C. Vogt  
 15. Residence (Usual place of abode) Miami  
 If non-resident, give place and state. Arizona  
 18. Color or race Cauc.  
 17. Age at last birthday 19 (Years)  
 18. Birthplace (city or place) Globe  
 (State or country) Arizona  
 19. Occupation  
 Nature of Industry Housewife

<b>20. Number of children of this mother</b> (Taken as of time of birth of child herein certified and including this child.) <u>1st</u>	(a) Born alive and now living <u>1</u>	<b>21. Were precautions taken against ophthalmia neonatorum?</b> <u>Yes</u>
	(b) Born alive but now dead <u>0</u>	
	(c) Stillborn <u>0</u>	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was born alive at 12:40 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 Byrd M. Cron M.D.  
 (Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_  
 Month, day, year  
238-609-153  
 Registrar

Address Miami, Arizona  
 Filed June 25, 1932 C. E. Loria  
 Registrar

MARGE RESERVED FOR BINDING

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.