

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. **84**
Registered No. **735**

1. PLACE OF BIRTH

County Gila State Arizona
Township _____ or Village P.O. Box 100 - Paganis
City Miami No. Miami Insp Hospital St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Mary Ruth La Ronde { If child is not yet named, make supplemental report, as directed

3. Sex <u>Female</u>	If plural births	4. Twin, triplet, or other. 5. Number, in order of birth.	6. Premature Full term.	7. Legitimate illegitimate	8. Date of birth <u>July 5, 1932</u> <small>(Month, day, year)</small>
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9. Full name of FATHER Herbert Joseph La Ronde

18. Full maiden name of MOTHER Norine Sullivan

10. Residence (usual place of abode) Miami Ariz.
(If nonresident, give place and State)

19. Residence (usual place of abode) Miami Ariz.
(If nonresident, give place and State)

11. Color or race Cauc. 12. Age at last birthday 32 (Years)

20. Color or race Cauc. 21. Age at last birthday 34 (Years)

13. Birthplace (city or place) Peterboro
(State or country) Ont. Canada.

22. Birthplace (city or place) Naidstone
(State or country) Ont. Canada.

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. mining engineer

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. mining

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

16. Date (month and year) last engaged in this work

25. Date (month and year) last engaged in this work

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2. (b) Born alive but now dead 1. (c) Stillborn _____

28. If stillborn, period of gestation _____ { months or weeks } 29. Cause of stillbirth _____ { Before labor or During labor }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 11:30 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. }

(Signed) Eyriel M. Crow M.D. M.D.

Given name added from a supplemental report _____ (Date of) _____

or _____ Midwife
Address Miami, Arizona

Filed July 21, 1932 B. E. Travis Registrar.

Registrar.

MARGIN 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.

495-0705-525