

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

State File No. _____
Registered No. 360

1. PLACE OF BIRTH
County Cochise State Arizona
District or Township Douglas or Village _____
City Douglas No. Cochise County Hosp. II Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Charles Joseph Leftault (Junior) If child is not yet named, make supplemental report, as directed.
3. Sex of Child M To be answered ONLY in event of plural births. Twin, triplet or other _____ 6. Legitimate? Yes 7. Date of birth Dec. 4-1932
Month Day Year

8. FATHER LEFTAULT
Full Name Charles Joseph Leftault
9. Residence (Usual place of abode) Bisbee, Ariz
If non-resident, give place and state.
10. Color or race White
11. Age at last birthday 24 (Years)

14. MOTHER
Full maiden name Jessie Lopez
15. Residence (Usual place of abode) Bisbee, Ariz
If non-resident, give place and state.
16. Color or race White
17. Age at last birthday 25 (Years)

12. Birthplace (city or place) Bisbee
(State or country) Arizona
18. Occupation _____
Name of Industry Bookkeeper

18. Birthplace (city or place) Pittsfield
State or country Arizona
19. Occupation _____
Nature of Industry Housewife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 3:43 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 Jack Wald M.D. Physician (Physician or midwife)

Give name added from a supplemental report
Month, day, year
333-1204-139
Registrar.

Address 1060 G. Ave. Douglas Ariz.
Filed 1/1 33 Registrar.

NOT TO BE REPRODUCED BY ANY MEANS WITHOUT THE WRITTEN PERMISSION OF THE BOARD OF HEALTH
N. B.—In cases where more than one child at a birth a SEPARATE RETURN must be made for each, the number of each in order of birth stated.