

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

State File No. 97
 Registered No. 9

1. PLACE OF BIRTH

County Gila State _____
 Township _____ or Village _____
 City Mesa or birth occurred in a hospital or institution, give its NAME instead of street and number

2. Full name of child Clara Kay Lacy { If child is not yet named, make supplemental report as directed

3. Sex Female If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ 7. Live _____ 8. Date of birth Jan 30 1933
 Full term _____ month, day, year

9. Full name Howard Lacy FATHER

10. Full name Alvin Bassner MOTHER

11. Residence (usual place of abode) Mesa (If not resident, give place and state)

12. Residence (usual place of abode) Mesa (If not resident, give place and state)

13. Age at last birthday 32 (Years)

14. Age at last birthday 38 (Years)

15. Birthplace (city or place) Arizona (State or country)

16. Birthplace (city or place) Lefford (State or country)

17. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Employed

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

19. Date (month and year) last engaged in this work _____ 20. Total time (years) spent in this work _____

21. Date (month and year) last engaged in this work _____ 22. Total time (years) spent in this work _____

23. Number of children of this mother (At time of this birth and including this child: (a) Born alive and now 5 (b) Born alive but now dead 0 (c) Stillborn 0

24. If stillborn, period of gestation _____ { 25. Cause of stillbirth _____
 { Before labor
 { or weeks { During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive on the date Jan 30 1933 stated

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Alvin Bassner M.D.
 or _____ Midwife

Gives name added from a supplemental report. (Date of) 33-9-170-129

Address Mesa, Arizona
 Filed Feb 6 1933
 Registrar

These forms as a birth, a SEPARATE RETURN must be made for each, and a number of each in order of birth stated.