[redacted]

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 84
Co. Register No. 376
Local Registrar's No. .....

PLACE OF BIRTH

County of Gila
District of Miami
Town of .....
or
City of .....
(No. ..... St; ..... Ward)

FULL NAME OF CHILD Lois Lorain Foutz

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Born Alive: YES ~~NO~~

Sex of Child: Female | ~~Twin, Triplet~~ or other: and | Number in order of birth: 3 | Legitimate? yes. | Date of Birth: Dec. (Month) 2 (Day) 1914 (Yr.)

FATHER

Full Name: Joseph Lehi Foutz
Residence: Lower Miami Ariz
Color or Race: White | Age at last Birthday: 32 (Years)
Birthplace: U.S.
Occupation: Works at Smelter

MOTHER

Full Maiden Name: Lois Humphrey
Residence: Lower Miami Ariz
Color or Race: White | Age at last Birthday: 22 (Years)
Birthplace: U.S.
Occupation: Housewife.

Number of child of this mother: 3 | Number of children, of this mother, now living: 3 | Were precautions taken against Ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on Dec 2 1914, at 7 A.M.

*When there is no attending physician or midwife, then the householder should make this return.

(Signature) C. M. Cron M.D.
(Attending physician, ~~midwife,~~ householder.*)

Address M. D. Hospital Miami Ariz

Given or christian name added from a supplemental report ..... 191....

Filed Dec 5 1914
LOCAL REGISTRAR.

369-1202-398
COUNTY REGISTRAR.

Filed Jan 5 1910 A True Copy
COUNTY REGISTRAR.

Midwife with each local Registrar within 5 days after birth.