

674

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

County of Gila
District of _____
Town of Miami
or _____
City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 108
Co. Register No. 325
Local Registrar's No. _____

Full Name of Child Eugene Franklin Lefevre { Born } YES
 { Alive } NO
If child is not named, make Supplemental Report on blank obtainable from local registrar.

Sex of Child Male Twin, Triplet or other and Number in order of birth 1 Legitimate Date of Birth Dec 13 1915
(Month) (Day) (Yr.)

FATHER
Full Name Eugene Lefevre
Residence Miami
Color or Race White Age at last Birthday 32 (Years)
Birthplace US
Occupation Mill worker

MOTHER
Full Maiden Name Mary Pyle
Residence Miami
Color or Race White Age at last Birthday 20 (Years)
Birthplace US
Occupation Homemaker

Number of child of this mother... 2 Number of children, of this mother, now living... 2 Were precautions taken against Ophthalmia neonatorum? No

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on Dec 13 1915, at 11:44 A.M.
{ *When there is no attending physician or midwife, then the householder should make this return. }
(Signature) Helen P. Bryant
(Attending physician, midwife, householder. *)

Given or christian name added from a supplemental report _____ 191

Address _____
LOCAL REGISTRAR

545-1013-435
COUNTY REGISTRAR.

Filed Dec 10 1915
A True Copy
Filed Jan 7 1916
COUNTY REGISTRAR.