

147

PLACE OF BIRTH
 County of Gila
 District of _____
 Town of Mission
 or _____
 of _____ (No. _____ St; _____ Ward)

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS

State Index No. 673
 Co. Register No. 174
 Local Registrar's No. _____

ORIGINAL CERTIFICATE OF BIRTH

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

Sex of Child Male Twin, Triplet or other no and { Number in order of birth _____ } Legitimate? Yes Date of Birth April 15 1918
 (Month) (Day) (Yr.)

FATHER		MOTHER	
Name	<u>Elijah E. Phillippe</u>	Full Maiden Name	<u>Alta Purdy</u>
Residence	<u>Bullion Plaza</u>	Residence	<u>Bullion Plaza</u>
Color or Race	<u>White</u>	Color or Race	<u>white</u>
Age at last Birthday	<u>31</u> (Years)	Age at last Birthday	<u>25</u> (Years)
Birthplace	<u>Foxes City Ill.</u>	Birthplace	<u>Dilley Oregon</u>
Occupation	<u>Chemist</u>	Occupation	<u>Housewife</u>

Number of child of this mother 1 Number of Children, of this mother, now living 1 Were precautions taken against Ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on April 15th 1918, at 2:40 PM.

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

(Signature) Dr. Anna Regnier
 (Attending physician, midwife, householder.)*

Given or Christian name added from a supplemental report _____ 1918

Address Mission, Arizona
John H. Lacey
 LOCAL REGISTRAR.

772-415-178
 COUNTY REGISTRAR.

Filed April 10 1918
 Filed May 7 1918

A True Copy B. G. Day
 COUNTY REGISTRAR.