

1224

PLACE OF BIRTH **ARIZONA STATE BOARD OF HEALTH**

County of Yuma **BUREAU OF VITAL STATISTICS** State Index No. 137

District of _____ **ORIGINAL CERTIFICATE OF BIRTH** Co. Register No. 4114

Town of _____ Local Registrar's No. _____

or _____

City of Globe (No. _____ St; _____ Ward)

FULL NAME OF CHILD Deloris Corrine Langdon } Born } YES

If child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive } ~~NO~~

Sex of Child <u>Female</u>	Twin, Triplet or other	and	Number in order of birth	Legitimate? <u>yes</u>	Date of Birth <u>Sept. 5 1918</u> (Month) (Day) (Yr.)
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FATHER			MOTHER		
Full Name <u>Roy G. Langdon</u>	Residence <u>Copper Hill, Arizona</u>		Full Maiden Name <u>Corinne Brouillet</u>	Residence <u>Copper Hill, Arizona</u>	
Color or Race <u>White</u>	Age at last Birthday <u>26</u> (Years)	Birthplace <u>Hancock, Mich</u>	Color or Race <u>White</u>	Age at last Birthday <u>24</u> (Years)	Birthplace <u>Calumet, Mich</u>
Occupation <u>Machinist</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 above child; and that it occurred on Sept 5 1918 at 9 P. M.

When there is no attending physician or midwife, then the householder should make this return. (Signature) Alvin Kruse M.D.
(Attending physician, midwife, householder.)

Sex or christian name added from a _____

Supplemental report _____ 191_____

Address Globe, Ariz.

Filed Sep 10 1918 LOCAL REGISTRAR. B. G. Sax

Filed Oct 3 1918 A True Copy COUNTY REGISTRAR. B. G. Sax

COUNTY REGISTRAR. COUNTY REGISTRAR.