

PLACE OF BIRTH
 County of Gila
 District of _____
 Town of Miami
 or _____
 City of _____

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

State Index No. 137
 Co. Registrar's No. 672
 Local Registrar's No. _____

FULL NAME OF CHILD Benzaman Joseph Lazard Born YES
 If child is not named, make Supplemental Report on blank obtainable from local registrar. Alive NO

Sex of Child Male Twin Triplet or other } and { Number in order of birth 3 Legitimate? yes Date of Birth Nov. 1 1919
 Month Day Yr.

FATHER
 Full Name Alvina Joseph Lazard
 Residence Miami Ariz
 Color or Race Caucas Age at last Birthday 27 Years
 Birthplace El Paso Texas
 Occupation mill man

MOTHER
 Full Maiden Name June Woods
 Residence Miami Ariz
 Color or Race Caucas Age at last Birthday 21 Years
 Birthplace San Jose Cal.
 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*

hereby certify that I attended the birth of the above child; and that it occurred on Nov 1 1919 at 6:30 A.M.

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

Signature B M Cron ms.
 Attending physician, midwife, householder.*

Given or Christian name added from a supplemental report _____ 1919

Address Box 29, Mesquite Ariz
Wor Grayton
 LOCAL REGISTRAR.

234-1101-162
 COUNTY REGISTRAR.

Filed Dec 17 1919
 Filed Dec 11 1919
 A True Copy

B. J. Hop
 COUNTY REGISTRAR.