

2127

The number of each, in order of birth, stated. This certificate must be filed by the attending physician or midwife with each local Registrar within 5 days after birth.

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH  
County of Yila State Index No. 167  
District of \_\_\_\_\_ ORIGINAL CERTIFICATE OF BIRTH Co. Registrar's No. 456  
Town of Miami Local Registrar's No. \_\_\_\_\_  
or \_\_\_\_\_  
City of \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward)

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

Sex of Child Female  Twin, Triplet or other } and { Number in order of birth 3 Legitimate? yes Date of Birth July 2 1920  
Month Day Yr.

FATHER  
Full Name Walter Lloyd  
Residence Miami - Arizona  
Color or Race White Age at last Birthday 30 Years  
Birthplace Dallas - Texas  
Occupation mining

MOTHER  
Full Maiden Name Tomasa Samora  
Residence Miami, Arizona  
Color or Race \_\_\_\_\_ Age at last Birthday 24 Years  
Birthplace St. Johns, Arizona  
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 the above child; and that it occurred on July 2, 1920 at 5 P.M.  
\*When there is no attending physician or midwife, then the householder should make this return.

Signature April M. Crow M.D.  
Attending physician, midwife, householder.\*

Given or Christian name added from a supplemental report \_\_\_\_\_ 191\_\_\_\_\_

Address Miami, Arizona

434-702-321  
COUNTY REGISTRAR.

Filed 8/3/20 1920

T. H. Stencel  
LOCAL REGISTRAR.

Filed 9/18 1920 A True Copy

D. S. Jac  
COUNTY REGISTRAR.