

2236

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.

PLACE OF BIRTH  
 County of Gila  
 District of \_\_\_\_\_  
 Town of Miami  
 or  
 City of \_\_\_\_\_ (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 186

ORIGINAL CERTIFICATE OF BIRTH

Co. Registrar's No. 639

Local Registrar's No. \_\_\_\_\_

FULL NAME OF CHILD Joseph Marie Le Bideau } 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 2 } Legiti- mate? yes } Date of Birth Oct. 28 - 1920  
 Month Day Yr.

FATHER  
 Full Name Joseph Marie Le Bideau  
 Residence Miami, Arizona  
 Color or Race White Age at last Birthday 32 Years  
 Birthplace Belz, France  
 Occupation Blacksmith

MOTHER  
 Full Maiden Name Maria Staderiz  
 Residence Miami, Arizona  
 Color or Race White Age at last Birthday 25 Years  
 Birthplace Landerant, France  
 Occupation Housewife

Number of child of this Mother 2 Number of Children, of this mother, now living 2 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 Oct 28, 1920 at 4:45 A.M.

\*When there is no attending physi- cian or midwife, then the householder should make this return.

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

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

Address Miami, Arizona

125-1029-449  
 COUNTY REGISTRAR.

Filed 10/30/1920

J. H. Slacosh  
 LOCAL REGISTRAR.

Filed 11-5-1920 A True Copy

B. S. Fox  
 COUNTY REGISTRAR.