

**ARIZONA STATE BOARD OF HEALTH**

PLACE OF BIRTH  
 County of Yuma BUREAU OF VITAL STATISTICS State Index No. 1117  
 District of \_\_\_\_\_ ORIGINAL CERTIFICATE OF BIRTH Co. Registrar No. 474  
 Town of Miami Local Registrar's No. \_\_\_\_\_  
 or \_\_\_\_\_  
 City of \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward)

FULL NAME OF CHILD Albert Lefson { Born YES  
 If child is not named, make Supplemental Report on blank obtainable from local registrar. Alive

Sex of Child M Twin, Triplet or other 1 { and } Number in order of birth 2 Legitimate? Y Date of Birth Sept 14-1921  
 (Month) (Day) (Yr.)

FATHER  
 Full Name Benjamin Lefson  
 Residence Miami  
 Color or Race Wh Age at last Birthday 29  
 (Years)  
 Birthplace Russia  
 Occupation Teacher

MOTHER  
 Full Maiden Name Jennie Bloom  
 Residence Miami  
 Color or Race Wh Age at last Birthday 36  
 (Years)  
 Birthplace England  
 Occupation X

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 Sept 14 1921, at 11:30 M.

{ \*When there is no attending physician or midwife, then the householder should make this return. }  
 (Signature) Charles E. Finn M.D.  
 (Attending physician, midwife, householder. \*)

Given or Christian name added from a Supplemental report \_\_\_\_\_ 192 \_\_\_\_\_ Filed Sept 28 1921 Address Miami  
B. H. Hardy M.D.  
 LOCAL REGISTRAR.

135-914-124 Filed Oct 5 1921 A True Copy B. G. Fox  
 COUNTY REGISTRAR. COUNTY REGISTRAR.