ARIZONA STATE BOARD OF HEALTH

ounty of Gila

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BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 134

Co. Registrar No. 520

Local Registrar's No.

(No. Oak St. Ward)

L NAME OF CHILD Joe Lyons Du Puy

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Born / Alive YES / NO

x of ild	Twin, Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth
Male				Yes	Oct. 13. 1921 (Month) (Day) (Yr.)

FATHER		MOTHER	
ll Name	Joseph Goodman Du Puy	Full Maiden Name	Edna Belle Lyons
Residence	Claypool, Ariz.	Residence	Claypool, Ariz.
Color or Race	White — Age at last Birthday 24 (Years)	Color or Race	White — Age at last Birthday 27 (Years)
Birthplace	Texas	Birthplace	Texas
...ation	Electrician	Occupation	Housewife

r of Child is mother 1 | Number of children of this mother now living 1 | Were precautions taken against Ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

y certify that I attended the birth of the above child, and that it occurred on Oct. 13 1921, at 2 P. M.

hen there is no attending physi- or midwife, then the householder d make this return.

(Signature) F. F. Miller

(Attending physician, midwife, householder.*)

en or Christian name added from a

Address Miami, Ariz.

ental report 192 Filed Oct 15 1921 B. M. Hardy M.D.

LOCAL REGISTRAR.

148-1013-532 Filed 11-7 1921 A True Copy B. G. Fox

COUNTY REGISTRAR. COUNTY REGISTRAR.