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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

1. County of Pima District of Pima Town of Pima or City of Pima No. _____ St. _____ Ward _____

State Index No. 158
County Registrar No. 479
Local Registrar No. _____

2. Full name of child Lucy Thoru (If birth occurred in a hospital or institution, give its NAME instead of street and number) } If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 5. No., in order of birth 4th 6. Legitimate? Yes 7. Date of birth 6 26 23 Month day year

8. FATHER Full name <u>Ernest Thoru</u>	14. MOTHER Full maiden name <u>Dora (?)</u>
9. Residence (Usual place of abode) <u>Pima Ariz</u> If nonresident, give place and state	15. Residence (Usual place of abode) <u>Pima Ariz</u> If nonresident, give place and state
10. Color or race <u>1/2 Indian</u>	16. Color or race <u>1/2 Indian</u>
11. Age at last birthday <u>44</u> (Years)	17. Age at last birthday <u>40</u> (Years)
12. Birthplace (city or place) <u>Pima Ariz</u> (State or country)	18. Birthplace (city or place) <u>Pima Ariz</u> (State or country)
13. Occupation <u>Farmer</u> Nature of industry	19. Occupation <u>Housewife</u> Nature of industry

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 5 (b) Born alive but now dead 3 (c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum? no

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4 a m. on the date above stated. (Born alive or stillborn.)

Signature Mary A Stewart Fells Moore (Physician or midwife)
Address Pima Ariz
Month, day, year. _____ Filed 8/8 1923 Local Registrar. _____
Registrar. _____ Filed 8/8 1923 County Registrar. _____

335-626-400