

1042

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.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

PLACE OF BIRTH
1. County of Bellevue
District of Bellevue
Town of Bellevue
or
City of _____ No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

State Index No. 200
County Registrar No. 799
Local Registrar No. _____

2. Full name of child Lora May Renee
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 1 6. Legitimate? yes 7. Date of birth July 30 '23
Month Day Year

8. FATHER
Full name Thos. A. Renee

14. MOTHER
Full maiden name Pearl Don Vaughan

9. Residence (Usual place of abode) Chisotelle, Ariz.
If nonresident, give place and state

15. Residence (Usual place of abode) Chisotelle Ariz.
If nonresident, give place and state

10. Color or race white 11. Age at last birthday 37 (Years)

16. Color or race white 17. Age at last birthday 32 (Years)

12. Birthplace (city or place) (State or country) Kentucky

18. Birthplace (city or place) (State or country) Kearney nebr.

13. Occupation Nature of industry Cattle man

19. Occupation Nature of industry House wife

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 2 (b) Born alive but now dead _____ (c) Stillborn _____

21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was July 30 '23 at 12 P.M. on the date above stated.
(born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature Clarence Smith M.D. (Physician or midwife)
Address _____

Given name added from a supplemental report _____
Month, day, year. _____
Registrar. _____
Filed 5-3 1923 _____
Filed 5-5 1923 _____
Local Registrar. _____
County Registrar. _____

399-730-759