

245

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

1. County of Pima  
District of 1  
Town of Maui  
or  
City of \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 170  
County Registrar No. 627  
Local Registrar No. \_\_\_\_\_

2. Full name of child Pearl Lefson (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 \_\_\_\_\_ 6. Legitimate? Y 7. Date of birth Sept 30 1923  
Month Day Year

8. FATHER  
Full name Benjamin Lefson

14. MOTHER  
Full maiden name Jennie Bloom

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

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

10. Color or race Jewish 11. Age at last birthday 31 (Years)

16. Color or race Jewish 17. Age at last birthday 28 (Years)

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

18. Birthplace (city or place) England  
(State or country)

13. Occupation  
Nature of industry Jeweler

19. Occupation  
Nature of industry Housewife

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 3  
(b) Born alive but now dead 0  
(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum? Y

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 6 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 Charles E. Dwire M.D.  
Address Maui, Hawaii  
(Physician or midwife)

Given name added from supplemental report \_\_\_\_\_ Month, day, year. Filed Sept 30 19 23 C. E. Dwire Local Registrar.  
Filed Oct 2 19 23 B. G. Gray County Registrar.

735-930-124