

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

PLACE OF BIRTH  
1. County of Sala  
District of \_\_\_\_\_  
Town of \_\_\_\_\_  
or \_\_\_\_\_  
City of Hayden

State Index No. 101  
County Registrar No. 178  
Local Registrar No. 3

2. Full name of child Vernie Michael Palbot  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)  
St. \_\_\_\_\_ Ward \_\_\_\_\_  
If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY in event of plural births.  
4. Twin, triplet or other \_\_\_\_\_  
5. No., in order of birth \_\_\_\_\_  
6. Legitimate? Yes  
7. Date of birth Feb 27, 1924  
Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

8. FATHER Full name Alfred W. E. Palbot  
9. Residence (Usual place of abode) Hayden, Ariz  
If nonresident, give place and state  
10. Color or race White  
11. Age at last birthday 38 (Years)  
12. Birthplace (city or place) Japan  
(State or country)  
13. Occupation Engineer  
Nature of industry

14. MOTHER Full maiden name Lilian Palbot  
15. Residence (Usual place of abode) Hayden, Ariz  
If nonresident, give place and state  
16. Color or race White  
17. Age at last birthday 33 (Years)  
18. Birthplace (city or place) England  
(State or country)  
19. Occupation Housewife  
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 2  
(b) Born alive but now dead 0  
(c) Stillborn 0  
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 born alive at 9:05 a.m. on the date above stated.  
(Born alive or stillborn.)

Signature Harry E. Ladewig, M.D.  
(Physician or midwife)  
Address Hayden, Arizona

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year \_\_\_\_\_  
Registrar \_\_\_\_\_

Filed Feb 27th 1924  
Filed 3-10 1924  
Local Registrar \_\_\_\_\_  
County Registrar \_\_\_\_\_

533-202-333

In order of birth stated.