1242

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 175

County Registrar No. 166

Local Registrar No. 2

PLACE OF BIRTH

1. County of Gila

District of

Town of Pine

or

City of ..... No. ..... St. ..... Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Lucile Patterson } 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?

7. Date of birth: Feb (Month) 24 (day) 1924 (year)

FATHER

8. Full name: Lee Patterson

9. Residence (Usual place of abode): Pine

If nonresident, give place and state

10. Color or race: White

11. Age at last birthday: 32 (Years)

12. Birthplace (city or place): Mesa

(State or country): Maricopa Co Ariz

13. Occupation: Farmer

Nature of industry

MOTHER

14. Full maiden name: Maud Fuller

15. Residence (Usual place of abode): Pine Ariz

If nonresident, give place and state

16. Color or race: White

17. Age at last birthday: 30 (Years)

18. Birthplace (city or place): Pine

(State or country): Gila Co Arizona

19. Occupation: Housewife

Nature of industry

20. Number of children of this mother (Taken as of time of birth of child hereto certified and including this child.)

(a) Born alive and now living: 5

(b) Born alive but now dead: 3

(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 Born alive (Born alive or stillborn) at 6 a.m. on the date above stated.

*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 evidences of life after birth.

Signature Katie C Miller (Physician or midwife)

Address Pine Arizona

Given name added from a supplemental report ..... Month, day, year.

Registrar.

Filed Feb 29, 1924 Frank C Randall Local Registrar.

Filed 3-5, 1924 [illegible] County Registrar.

375-224-469