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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
REPRODUCED FOR BINDING  
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

1. County of Yavapai State Index No. 584  
District of \_\_\_\_\_ County Registrar No. \_\_\_\_\_  
Town of Humboldt Local Registrar No. \_\_\_\_\_  
or \_\_\_\_\_  
City of \_\_\_\_\_ No. Humboldt Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_  
(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.

2. Full name of child Sarah Catherine Leroy

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 5. Legitimate? yes 6. Date of birth March 11 - 1924  
Month day year

3. FATHER Full name <u>Frank Hamilton Leroy</u>		14. MOTHER Full maiden name <u>Catherine Dailey</u>	
9. Residence (Usual place of abode) <u>Humboldt, Ariz</u> If nonresident, give place and state		15. Residence (Usual place of abode) <u>Humboldt - Ariz</u> If nonresident, give place and state	
10. Color or race <u>White</u>	11. Age at last birthday <u>34</u> (Years)	16. Color or race <u>White</u>	17. Age at last birthday <u>30</u> (Years)
12. Birthplace (city or place) <u>Leona</u> (State or country) <u>Missouri</u>		18. Birthplace (city or place) <u>Salida - Colorado</u> (State or country)	
13. Occupation <u>Mill superintendent</u> Nature of industry <u>Smelter</u>		19. Occupation <u>Housewife</u> Nature of industry _____	

20. Number of children of this mother (a) Born alive and now living 1  
(b) Born alive but now dead \_\_\_\_\_  
(c) Stillborn \_\_\_\_\_  
(Taken as of time of birth of child herein certified and including this child.)

21. Were precautions taken against ophthalmia neonatorum?  
1% Silver nitrate sol.

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was Born alive at 2:30 A.M. on the date above stated.  
(Born alive or stillborn.)

Signature August Leo Frost M.D. (Physician or midwife)  
Address Humboldt - Arizona  
E. B. Sandland  
Local Registrar  
John W. Flinn  
County Registrar

Registrar. \_\_\_\_\_ Filed \_\_\_\_\_ 19 \_\_\_\_\_  
Filed May 7 1924

237-311-348