

MARGIN RESERVED FOR BINDING
 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

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

1. County of Gila State Index No. 161
 District of _____ County Registrar No. 691
 Town of Miami Local Registrar No. _____
 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 Dora Mary Lightfoot 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 or other _____ 5. No., in order of birth 1 6. Legitimate? yes 7. Date of birth Aug. 21-1924
 Month day year

8. FATHER		14. MOTHER	
Full name <u>Walter Lee Lightfoot</u>		Full maiden name <u>Mina Lewis</u>	
9. Residence (Usual place of abode) <u>Midvale Ariz.</u>		15. Residence (Usual place of abode) <u>Miami Ariz.</u>	
If nonresident, give place and state		If nonresident, give place and state	
10. Color or race <u>Cauc.</u>	11. Age at last birthday <u>24</u> (Years)	16. Color or race <u>Cauc.</u>	17. Age at last birthday <u>19</u> (Years)
12. Birthplace (city or place) <u>Richmond New Mexico</u>		18. Birthplace (city or place) <u>Los Angeles Calif.</u>	
(State or country)		(State or country)	
13. Occupation Nature of industry <u>Craneman</u>		19. Occupation Nature of industry <u>Housewife</u>	
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)		21. Were precautions taken against <u>yes</u> thalimia neonatorum?	
(a) Born alive and now living <u>1</u>		(b) Born alive but now dead _____	
(c) Stillborn _____			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born (Born alive or stillborn) at 3 A. m. on the date above stated.

Signature Beryl M. Brown M.D. (Physician or midwife)
 Address Miami, Ariz.
 Filed Sept 30, 1924 Local Registrar.
 Filed 10-6, 1924 B. G. J. W. County Registrar.

Registrar.

433-821-432