

Damaged Document(s)

the number of each, in order of birth, stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Yuma</u>	BUREAU OF VITAL STATISTICS	State Index No. <u>132</u>	
District of <u>Winkelman</u>	ORIGINAL CERTIFICATE OF BIRTH	Co. Registrar No. <u>721</u>	
Town of <u>Winkelman</u>		Local Registrar No. <u>140</u>	
or			
City of <u>Hayden</u>	No. <u>Hayden Hospital</u> St. _____ Ward) _____		
(If birth occurred in a hospital or institution, give its NAME instead of street and number)			
2. Full name <u>Genevieve May Ligette</u>		If child is not yet named, make supplemental report, as directed	
3. Sex of child <u>Female</u>	4. Twin, triplet or other _____	6. Legitimate? <u>yes</u>	7. Date of birth <u>Sept 14, 1924</u> (Month, day, year)
5. No., in order of birth _____			
8. FATHER		14. MOTHER	
Full name <u>Frank Joseph Ligette</u>	Full maiden name <u>Ophelia Opal Lipton</u>		
9. Residence (Usual place of abode) <u>Winkelman Ariz</u>	15. Residence (Usual place of abode) <u>Winkelman</u>		
If nonresident, give place and State	If nonresident, give place and State		
10. Color or race <u>white</u>	16. Color or race <u>white</u>		
11. Age at last birthday <u>26</u> (Years)	17. Age at last birthday <u>20</u> (Years)		
12. Birthplace (city or place) <u>Belle N. Yacosta</u>	18. Birthplace (city or place) <u>Clamsa Colorado</u>		
(State or country)	(State or country)		
13. Occupation <u>Boiler maker</u>	19. Occupation <u>Housewife</u>		
Nature of Industry	Nature of Industry		
20. Number of children of this mother (Taken as of time of birth of child here-in certified and including this child.)		(a) Born alive and now living <u>1</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>	
<p align="center">CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE</p> <p>I hereby certify that I attended the birth of this child, who was <u>born alive 6 45</u> m. on the date above stated.</p> <p><small>(Born alive or stillborn)</small></p> <p>Signature <u>Edith P. Winslow</u> (Physician or midwife)</p> <p>Address <u>Hayden Ariz.</u></p> <p>Given name added from a supplemental report _____ (Month, day, year)</p> <p>Filed <u>Sept 15, 1924</u> _____ Local Registrar.</p> <p>Filed <u>10 8, 1924</u> _____ County Registrar.</p>			

639-912-165