

## PLACE OF BIRTH

## ARIZONA STATE BOARD OF HEALTH

1. County of Maricopa  
 District of Cave Beds  
 Town of \_\_\_\_\_  
 or  
 City of \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 457  
 County Registrar No. \_\_\_\_\_  
 Local Registrar No. \_\_\_\_\_

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 Roberta Inez  
 { 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 \_\_\_\_\_ 6. Legitimate? yes  
 5. No., in order of birth \_\_\_\_\_ 7. Date of birth Feb 16, 1925  
 Month Day Year

8. FATHER  
 Full name Robert O Lavin

14. MOTHER  
 Full maiden name Martie Inez Hill

9. Residence (Usual place of abode) Cave Beds, Ariz  
 If non-resident, give place and state.

15. Residence (Usual place of abode) Cave Beds Ariz  
 If non-resident, give place and state.

10. Color or race White 11. Age at last birthday 26 (Years)

16. Color or race White 17. Age at last birthday 24 (Years)

12. Birthplace (city or place) Deming  
 (State or country) Arizona

18. Birthplace (city or place) St. Mary  
 (State or country) Arizona

13. Occupation Farmer  
 Nature of industry

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 1  
 (b) Born alive but now dead X  
 (c) Stillborn X

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

\*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 evidence of life after birth.

Signature Bertha J. Gallagher nurse  
 (Physician or midwife).  
 Address Short Creek Arizona

Given name added from a supplemental report. Filed \_\_\_\_\_, 19\_\_\_\_ Local Registrar.

Month, day, year Registrar Filed \_\_\_\_\_, 19\_\_\_\_ County Registrar.

999-216-483

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 such in order of birth stated.