

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD—A SEPARATE RETURN must be made for each, and the number of each 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

1. County of Gila
District of _____
Town of Miami
or _____
City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 132
County Registrar No. _____
Local Registrar No. _____

2. Full name of child Genevive Farra Lacy (If birth occurred in a hospital or institution, give its NAME instead of street and number) St. _____ Ward _____
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 2 6. Legitimate? yes 7. Date of birth Feb 6 - 1925 Month Day Year

8. FATHER
Full name Howard M. Lacy
9. Residence (Usual place of abode) Miami
If non-resident, give place and state. Ariz.
10. Color or race Cauc.
11. Age at last birthday 23 (Years)
12. Birthplace (city or place) Duncan
(State or country) Ariz.
13. Occupation
Nature of Industry Dairyman

14. MOTHER
Full maiden name Alice M. Besner
15. Residence (Usual place of abode) Miami
If non-resident, give place and state. Ariz.
16. Color or race Cauc.
17. Age at last birthday 19 (Years)
18. Birthplace (city or place) Thatcher
(State or country) Arizona
19. Occupation
Nature of Industry Housewife

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 2 (b) Born alive but now dead _____ (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 at 10³⁰ P. 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 Cyril M. Brown M.D. (Physician or midwife)
Address Miami, Arizona

Given name added from a supplemental report _____ Filed April 5, 1925 Arden D. Brayton Local Registrar.

Registrar _____ Filed _____, 19 _____ County Registrar.

738 - 306 - 129