

**ARIZONA STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**STANDARD CERTIFICATE OF BIRTH**

State File No. 174  
 Registered No. 531

**1. PLACE OF BIRTH**

County Gila State Arizona  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Miami No. Miami Hosp. Hospital Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Leontyne Grace Perrault { 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 7. Date of birth Feb. 25, 1926  
 Month Day Year

**8. FATHER**  
 Full name Oliver Julius Perrault  
 9. Residence (Usual place of abode) Miami, Arizona  
 If non-resident, give place and state. Arizona  
 10. Color or race Cauc.  
 11. Age at last birthday 26 (Years)

**14. MOTHER**  
 Full maiden name Grace Leontyne Ryan  
 15. Residence (Usual place of abode) Miami, Arizona  
 If non-resident, give place and state. Arizona  
 16. Color or race Cauc.  
 17. Age at last birthday 21 (Years)

12. Birthplace (city or place) Silver City, New Mex.  
 (State or country)  
 13. Occupation  
 Nature of Industry Mechanic

18. Birthplace (city or place) Albuquerque, New Mex.  
 (State or country)  
 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 1  
 (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 2:50 A. m. on the date above stated  
(Born alive or stillborn)

Signature Byril M. Brown M.D.  
Physician  
(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_  
 Address Miami, Arizona  
 Month, day, year \_\_\_\_\_

Filed Feb 10, 1926  
 Registrar C. G. Dinn

Registrar

Registrar

373-225-795

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.