

ARIZONA STATE BOARD OF HEALTH

PLACE OF BIRTH

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

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 146
 County Registrar No. 548
 Local Registrar No. _____

No. Miami Inspiration Hospital St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Richard John Le Gate (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child <u>male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	6. Legitimate? <u>Yes</u>	7. Date of birth <u>March 9, 1926</u> Month Day Year
		5. No., in order of birth _____		

8. FATHER
 Full name John Sidney Le Gate

14. MOTHER
 Full maiden name Dolores Josephine Benson

9. Residence (Usual place of abode) Globe, Arizona
 If non-resident, give place and state.

15. Residence (Usual place of abode) Globe, Arizona
 If non-resident, give place and state.

10. Color or race White
 11. Age at last birthday 23 (Years)

16. Color or race White
 17. Age at last birthday 19 (Years)

12. Birthplace (city or place) _____
 (State or country) Missouri

18. Birthplace (city or place) _____
 (State or country) Mexico

13. Occupation Clerical
 Nature of industry Copper mine

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 <u>1</u>
(b) Born alive but now dead <u>0</u>
(c) Stillborn <u>0</u>

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 alive at 11:25 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 J. Trimmer
 (Physician or midwife.)
 Address Miami, Ariz

Given name added from a supplemental report. Month, day, year _____
 Filed Feb 14, 1926 _____
 Local Registrar.

Registered _____ 19 _____
 County Registrar.

935-309-425

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.