

REVISIONS OF CHILD IN

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

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

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 170
County Registrar No. 599
Local Registrar No. _____

2. Full name of child Jacqueline Le Moine
(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 _____ 6. Legitimate? yes 7. Date of birth Apr. 26, 1926
Month Day Year

8. FATHER
Full name George Walter Le Moine
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 28 (Years)

14. MOTHER
Full maiden name Jessie Corey
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 23 (Years)

12. Birthplace (city or place) Fort Collins, Colo.
(State or country)
13. Occupation mining - skip tender
Nature of industry

18. Birthplace (city or place) Childress, Texas
(State or country)
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 _____ (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 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 Eyril M. Brown, M.D. (Physician or midwife)
Address Miami, Arizona

Given name added from a supplemental report Month, day, year
Filed May 14, 1926 C. E. Jern Local Registrar.

Registrar _____ Filed _____, 19 _____ County Registrar.

135-426-138