

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 177
County Registrar No. 844
Local Registrar No. _____

PLACE OF BIRTH
1. County of La
District of _____
Town of _____
or _____
City of Miami

2. Full name of child Baby Purdy (If birth occurred in a hospital or institution, give its NAME instead of street and number) { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other born 6. Legitimate? Yes 7. Date of birth Sept 28, 1926
5. No., in order of birth II Month Day Year

8. FATHER
Full name Laurence Henry Purdy
9. Residence (Usual place of abode) Miami, Oregon
If non-resident, give place and state.

14. MOTHER
Full maiden name Winnie Estella Lebin
15. Residence (Usual place of abode) Miami, Oregon
If non-resident, give place and state.

10. Color or race White
11. Age at last birthday 37 (Years)

16. Color or race White
17. Age at last birthday 35 (Years)

12. Birthplace (city or place) Washington
(State or country)

18. Birthplace (city or place) Fredricksburg, Texas
(State or country)

13. Occupation Physical Director
Nature of Industry Miami High School

19. Occupation House wife
Nature of Industry

20. Number of children of this mother 5
(Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 4
(b) Born alive but now dead 0
(c) Stillborn _____

21. Were precautions taken against ophthalmia neonatorum? No

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born dead at 12:00 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 Charles E. Jinn, M.D.
Address Miami, Oregon
(Physician or midwife)

Given name added from a supplemental report. Filed Apr 30, 1926 C. E. Jinn Local Registrar.
Month, day, year

Reglstrar _____ Filed _____, 19____ County Registrar.

078-928-675

WRITE PL. 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.