

N. B.—In cities 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.
 WRITE FULLY WITH SPACING INK—THIS IS A LAW.
 IN REGIONS WHERE LAINLY WITH SPACING INK—THIS IS A LAW. 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 Yuma
 District of _____
 Town of _____
 or _____
 City of Miami

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 178
 County Registrar No. 843
 Local Registrar No. _____

2. Full name of child Laurencee Henry 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 5. Legitimate? Yes 7. Date of birth Sept 28, 1926
 Month Day Year

8. FATHER
 Full name Laurencee Henry Purdy

14. MOTHER
 Full maiden name Winnie Estella Lebon

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

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 If non-resident, give place and state. Arizona

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
 (State or country) Texas

13. Occupation Physical Director
 Nature of industry Miami High School

19. Occupation Nurse
 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 4
 (b) Born alive but now dead 0
 (c) Stillborn 0

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 living at 7-10 A m. on the date above stated
 (Born alive or stillborn)

Signature Charles E. Dinn M.D.
 Address Miami, Arizona
 (Physician or midwife)

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

Registrar _____ Filed _____, 19____ County Registrar.

378-928-675