

MARGIN RESERVED FOR BINDING
 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.

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

State File No. 172a
 Registered No. 371

1. PLACE OF BIRTH
 County Gila State Arizona
 District or Township _____ or Village _____
 City Miami No. Warrior Canon St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)
 2. Full name of child Betty Jane Lacy 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 Feb. 18-1928
 Month Day Year

8. FATHER
 Full name John Lacy
 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 20 (Years)
 12. Birthplace (city or place) Duncan
 (State or country) Arizona
 13. Occupation Truck driver
 Nature of industry _____

14. MOTHER
 Full maiden name Naomi Bell Tipton
 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 18 (Years)
 18. Birthplace (city or place) Duncan
 (State or country) Arizona
 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 _____
 (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 alive at 11:30 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 Cyril M. Brown M.D.
 (Physician or midwife)
 Address Miami, Arizona
 Filed Aug 31, 19 28
 Registrar L. E. Jones