ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 166

Registered No. 487

1. PLACE OF BIRTH

County Gila State Arizona

District or Township ..... or Village .....

City Miami No. Miami Insp. Hospital St., ... Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Lewis Walter Rutherford. 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 .....

5. No., in order of birth .....

6. Legitimate? yes

7. Date of birth Nov. 13 1928 (Month Day Year)

8. FATHER

Full name Frank W. Rutherford

9. Residence (Usual place of abode) Los Angeles Calif.

If non-resident, give place and state.

10. Color or race Cauc.

11. Age at last birthday 36 (Years)

12. Birthplace (city or place) Middle Stewiacke

(State or country) Nova Scotia, Canada

13. Occupation

Nature of industry Machinist

14. MOTHER

Full maiden name Violet Beatrice Clark

15. Residence (Usual place of abode) Los Angeles Calif.

If non-resident, give place and state.

16. Color or race Cauc.

17. Age at last birthday 25 (Years)

18. Birthplace (city or place) Upper Musquodoboit,

(State or country) Nova Scotia, Canada

19. Occupation

Nature of industry Housewife

20. Number of children of this mother 3

(Taken as of time of birth of child herein certified and including this child).

(a) Born alive and now living 3

(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 12 32 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 Cyril M. Crow M.D.

Physician

(Physician or ~~midwife~~).

Given name added from a supplemental report ..... Month, day, year

Address Miami, Arizona

Filed Dec 2, 1928 C. E. [illegible]

Registrar. Registrar.

394-113-532