

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. ¹²⁷ 544
Registered No. 544

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. Miami Inspiration Hospital St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Mary Josephine Le Gate { 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 Dec 10 1928
Month Day Year

8. FATHER
Full name John Sidney Le Gate

14. MOTHER
Full maiden name Dolores Josephine Benson

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

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

10. Color or race White
11. Age at last birthday 26 (Years)

16. Color or race White
17. Age at last birthday 22 (Years)

12. Birthplace (city or place) _____
(State or country) Missouri

18. Birthplace (city or place) _____
(State or country) Mexico

13. Occupation Clerk, recorder
Nature of industry Copper mine

19. Occupation Housewife
Nature of industry _____

20. Number of children of this mother 2 } (a) Born alive and now living 2 } 21. Were precautions taken against ophthalmia neonatorum. yes
(Taken as of time of birth of child herein certified and including this child). } (b) Born alive but now dead 0 }
(c) Stillborn 0 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was alive at 10:40 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 J. J. Miller
M.D.
(Physician or midwife)

Given name added from _____ Address Miami, Arizona
Month, day, year _____

Registrar. _____ Filled Jan 7 1929 Registrar. _____

435-1210-425