

AMENDMENT ATTACHED

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

State File No. 187019  
Registered No. 778

1. PLACE OF BIRTH  
County Gila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami No. Miami - Insp Hospital Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Leita Jeanine Daley { 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. 20 - 1929  
Month Day Year

8. FATHER  
Full name Delbert Darwin Daley  
9. Residence (Usual place of abode) Miami, Arizona  
If non-resident, give place and state. Arizona

14. MOTHER  
Full maiden name Elsie Lee Bowman  
15. 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 22 (Years)

16. Color or race Cauc. 17. Age at last birthday 18 (Years)

12. Birthplace (city or place) Mesa  
(State or country) Arizona

18. Birthplace (city or place) Conway Co.  
(State or country) Arkansas

13. Occupation  
Nature of industry Electrician

19. Occupation  
Nature of industry Housewife

20. Number of children of this mother 1  
(Taken as of time of birth of child herein certified and including this child.)  
(a) Born alive and now living 1  
(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 alive at 2 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 Byril M. Brown, M.D.  
Physician  
(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_ Address Miami, Arizona  
Month, day, year \_\_\_\_\_

Filed Sept 12, 1929 B. E. Tom  
Registrar

N. B.—In case of more than one child at a birth...

348-220-525