

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

State File No. 117
 Registered No. 613

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township _____ or Village _____

City Miami No. 3003 Sunny Slope St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Lois Adele Driggs { 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 0 6. Legitimate? yes 7. Date of birth Nov. 2 - 1929
Month Day Year

8. FATHER
 Full name Douglas Driggs

14. MOTHER
 Full maiden name Effie Elena Killian

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

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 28 (Years)

16. Color or race Cauc. 17. Age at last birthday 29 (Years)

12. Birthplace (city or place) Harmon Idaho
 (State or country)

18. Birthplace (city or place) Concho Arizona
 (State or country)

13. Occupation
 Nature of industry Salesman

19. Occupation
 Nature of industry Housewife

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

Given name added from _____ Address Miami, Arizona

Month, day, year _____ Filed Jan 9 1930 Registrar [Signature]

3412-1102-523