

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

State File No. 150  
Registered No. 533

1. PLACE OF BIRTH

County Gila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami No. 40704 Millme St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Nelson Warren La Plante { 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 \_\_\_\_\_ 6. Legitimate? yes  
5. No., in order of birth \_\_\_\_\_ 7. Date of birth Nov-16-1929  
Month Day Year

8. FATHER  
Full name Warren Earl LaPlante  
9. Residence Miami, Arizona  
(Usual place of abode)  
If non-resident, give place and state.

14. MOTHER  
Full maiden name Wavel Addaw Rose  
15. Residence Miami, Arizona  
(Usual place of abode)  
If non-resident, give place and state.

10. Color or race Cauc.  
11. Age at last birthday 22 (Years)

16. Color or race Cauc.  
17. Age at last birthday 19 (Years)

12. Birthplace (city or place) Los Angeles, Calif.  
(State or country)

18. Birthplace (city or place) La Marr, Col.  
(State or country)

13. Occupation  
Nature of Industry Truck driver

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 34 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 Beryl M. Brown  
Physician  
(Physician or midwife).

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

Filed Nov 15 1929 Registrar \_\_\_\_\_

535-1116-692