

111

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Navajo

District of \_\_\_\_\_

Town of \_\_\_\_\_

or \_\_\_\_\_

City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 438

County Registrar No. 127

Local Registrar No. \_\_\_\_\_

2. Full name of child Lyman Wayne Duncan (If birth occurred in a hospital or institution, give its NAME instead of street and number) St. \_\_\_\_\_ Ward \_\_\_\_\_  
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 April 7, 1924 Month Day Year

8. FATHER Full name Lyman L. Duncan

14. MOTHER Full maiden name Sarah A. Perkins

9. Residence (Usual place of abode) Clay Springs Arizona  
If nonresident, give place and state

15. Residence (Usual place of abode) Clay Springs Arizona  
If nonresident, give place and state

10. Color or race white 11. Age at last birthday 45 (Years)

16. Color or race white 17. Age at last birthday 33 (Years)

12. Birthplace (city or place) Memphis Tennessee  
(State or country)

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

13. Occupation Stockman  
Nature of industry

19. Occupation Housewife  
Nature of industry

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 4 (b) Born alive but now dead 0 (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 alive at 2:00 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 Anna Nelson  
(Physician or midwife)  
Saylor

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

Filed \_\_\_\_\_, 19\_\_\_\_  
Filed 5-14, 1924  
C. M. Hutchins Local Registrar.  
J. W. Papell County Registrar.

345-407-272