

ARIZONA STATE BOARD OF HEALTH

PLACE OF BIRTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 754-a

Registered No. 377

County Maricopa State Arizona
Township Gilbert or Village _____
City Gilbert No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
Name of child Gary Willis Lines (If child is not yet named, make supplemental report, as directed)

1. If plural births 6 4. Twin, triplet, or other _____ 6. Premature Full term X 7. Legitimate? yes 8. Date of birth Nov. 18, 1932
(Month, day, year)

FATHER Edward Stanley Lines MOTHER Lula Lorena Rush
18. Full maiden name
19. Residence (usual place of abode) Gilbert
(If non-resident, give place and State)
20. Color or race White 21. Age at last birthday 32 (Years)

12. Age at last birthday 32 (Years)
22. Birthplace (city or place) Boulder Colorado
(State or country) (Old) Mex.

1. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cowboy
5. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
3. Date (month and year) last engaged in this work 1931 17. Total time (years) spent in this work 11 yes
OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. house keeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work at present 26. Total time (years) spent in this work 12

Number of children of this mother 5 (line of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead 0 (c) Stillborn 1

stillborn, period of gestation 8 months or weeks 29. Cause of stillbirth Chromia poisoning Before labor yes During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 5:15 p. m. on the date above stated (Born alive or stillborn)

When there was no attending physician or midwife, then the father, householder, or should make this return.
(Signed) W. J. Thompson M. D.
or _____ Midwife

1 name added from supplemental report 732-1118-393 (Date of) _____
Address 1233 1st St. Phoenix
Filed 12-15 1932 Registrar