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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS ORIGINAL CERTIFICATE OF BIRTH

State Index No. 335
County Registrar No. 1502
Local Registrar No. 94

PLACE OF BIRTH
1. County of Maricopa
District of _____
Town of Gilbert
or _____
City of _____

No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
2. Full name of child Unnamed { 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 7/17/24
Month Day Year

FATHER
8. Full name Elwin Stanley Lines
9. Residence (Usual place of abode) Gilbert Ariz
If nonresident, give place and state _____
10. Color or race White
11. Age at last birthday 23 (Years)
12. Birthplace (city or place) Texas Colorado
(State or country) _____
13. Occupation Rancher
Nature of industry _____

MOTHER
14. Full maiden name Lula Rust
15. Residence (Usual place of abode) Gilbert Ariz
If nonresident, give place and state _____
16. Color or race White
17. Age at last birthday 22 (Years)
18. Birthplace (city or place) _____
(State or country) Mexico
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 no (b) Born alive but now dead no (c) Stillborn one
21. Were precautions taken against ophthalmia neonatorum? no

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was stillborn at 10:25 P. 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 [Signature] (Physician or midwife)
Address Chandler Arizona

Given name added from a supplemental report _____
Month, day, year. _____
Registrar. _____
Filed 7/31 1924 Jas. M. Meason Local Registrar.
Filed AUG 5 1924 HARRY I. FELCH M.D. County Registrar.

032-717-393

MARGIN FOR STICK BINDING
THIS IS A PERMANENT RECORD
WRITE PLAINLY WITH UNFADING INK
in case of more than one child at a birth, a separate certificate should be made for each, and the number of each, in order of birth stated.