

the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or midwife with each local Registrar within 5 days after birth.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH
 County of Maverick State Index No. 261
 District of Gilbert Mesa #3 Co. Registrar's No. 1037
 Town of Gilbert Local Registrar's No. 298
 or
 City of _____ (No. NAME ADDED BY SUPPLEMENT _____ St.; _____ Ward)

ORIGINAL CERTIFICATE OF BIRTH
 FULL NAME OF CHILD Zeddy Elwan Lines { Born } Yes
 If child is not named, make Supplemental Report on blank obtainable from Local Registrar. { Alive } No

Sex of Child <u>Male</u>	Twin, Triplet or other <u>one</u>	and	Number in order of birth <u>1st</u>	Legitimate? <u>yes</u>	Date of Birth <u>May 4</u> , 192 <u>1</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>Elwan Stanley Lines</u>			Full Maiden Name <u>Lula Serena Rust</u>		
Residence <u>Gilbert</u>			Residence <u>Gilbert</u>		
Color or Race <u>White</u>		Age at last Birthday <u>20</u> (Years)		Color or Race <u>White</u>	
Birthplace <u>Colorado</u>		Age at last Birthday <u>18</u> (Years)		Birthplace <u>Old Mexico</u>	
Occupation <u>Stenciling</u>				Occupation <u>Housewife</u>	

Number of child of this mother one Number of children of this mother now living one Were precautions taken against Ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on May 4, 1921, at 3:00 P. M.

{ *When there is no attending physician or midwife, then the householder should make this return. } (Signature) J. E. Draney, Jr.
 (Attending physician, midwife, householder.*)
 Address Mesa

Given or Christian name added from a supplemental report _____ 192_____
 Filed May 31 1921 LOCAL REGISTRAR.
 Filed 6-10 1921 COUNTY REGISTRAR.

132-504-393
 COUNTY REGISTRAR.