

PLACE OF BIRTH SUPPLEMENT ATTACHED

ARIZONA STATE BOARD OF HEALTH

1. County of Gila

District of _____

Town of _____

or Globe

City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 163

County Registrar No. _____

Local Registrar No. 26

No. Hackney St. _____ Ward _____
(If birth occurred in a hospital or institution give its NAME instead of street and number)

2. Full name of child George Lee Lucy

If child is not yet named, make supplemental report, as directed.

3. Sex of Child

To be answered ONLY in event of plural births.

4. Twin, triplet or other.

6. Legitimate?

7. Date of birth 2 20 27
Month day year

Male

5. No., in order of birth.

Yes

8. FATHER
Full name Henry Lee Lucy

14. MOTHER
Full maiden name Edna Waldrip

9. Residence (Usual place of abode) El Capitan
If nonresident, give place and state

15. Residence (Usual place of abode) El Capitan
If nonresident, give place and state

10. Color or race White

11. Age at last birthday 27 (Years)

16. Color or race White

17. Age at last birthday 23 (Years)

12. Birthplace (city or place) White Oak, N. Mex.
(State or country)

18. Birthplace (city or place) Mt. Park
(State or country) New Mexico

13. Occupation
Nature of industry Rancher

19. Occupation
Nature of industry Housewife

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 2
(b) Born alive but now dead
(c) Stillborn

21. Were precautions taken against opthalmia neonatorum?
Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 7:20 P.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 evidences of life after birth.

Signature G. E. Wightman
(Physician or midwife)

Address _____

Given name added from a supplemental report _____
Month, day, year.

Filed 7/28 1927 W. W. Hunt
Local Registrar.

Registrar. _____ Filed _____ 19____ County Registrar.

738-220-567