

PLACE OF BIRTH

1. County of Yuma
 District of Rice
 Town of _____
 or _____
 City of _____ No. _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 124
 County Registrar No. _____
 Local Registrar No. _____

2. Full name of child Lawrence Long
 (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 _____ 6. Legitimate? Yes
 5. No., in order of birth _____ 7. Date of birth 6-1-27
 Month Day Year

8. FATHER
 Full name Oliver Long
 9. Residence (Usual place of abode) Superior
 If non-resident, give place and state. Ariz

14. MOTHER
 Full maiden name Alice Kalsun
 15. Residence (Usual place of abode) Superior
 If non-resident, give place and state. Ariz

10. Color or race 1/4 Indian
 11. Age at last birthday 36 (Years)

16. Color or race 1/4 Indian
 17. Age at last birthday 21 (Years)

12. Birthplace (city or place) Rice
 (State or country) Ariz

18. Birthplace (city or place) Rice
 (State or country) Ariz

13. Occupation Common Laborer
 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 1
 (b) Born alive but now dead 1
 (c) Stillborn 0

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 born alive at 9:30 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 C. H. Sawyer M.D.
 (Physician or midwife)

Address San Carlos, Ariz

Given name added from a supplemental report

Month, day, year

337-601-175

Registrar

Filed _____ 19____

Filed _____ 19____

C. H. Sawyer
 Local Registrar

County Registrar

17-54-11 Case 25, 1917-1918 order of birth stated.