

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 12
County Registrar No. _____
Local Registrar No. _____

PLACE OF BIRTH
1. County of Cochise
District of _____
Town of McNary
or _____
City of _____

No. _____ (If birth occurred in a hospital or institution, give its NAME instead of street and number) St. _____ Ward _____
2. Full name of child Ralph G. Lilly { 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 8 7. Date of birth 7-18-27
Month Day Year

8. FATHER
Full name Wallie G. Lilly
9. Residence (Usual place of abode) McNary, Ariz.
If non-resident, give place and state.
10. Color or race white
11. Age at last birthday 38 (Years)

14. MOTHER
Full maiden name Pauline Coplan
15. Residence (Usual place of abode) McNary, Ariz.
If non-resident, give place and state.
16. Color or race white
17. Age at last birthday 33 (Years)

12. Birthplace (city or place) Nest, Virginia
(State or country)
13. Occupation Mechanic
Nature of Industry

18. Birthplace (city or place) Beatty, Utah
(State or country)
19. Occupation House wife
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 7
(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 at 12:15 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 H. C. Hendrick
Address McNary, Ariz.
(Physician or midwife.)

Given name added from a supplemental report _____
Month, day, year _____
938-718-735 _____
Registarr _____
Filed 8-3 1927 _____
Local Registrar.
County Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. A SEPARATE RETURN must be made for each, and the number of order of birth stated.

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of order of birth stated.