

SUPPLEMENT ATTACHED

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 227
Registered No. 137

PLACE OF BIRTH

County Maricopa State Arizona
District or Township Phoenix Safford or Village _____
City Safford Thatcher No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

Full name of child David Turner Lee (If child is not yet named, make supplemental report, as directed.)

Sex of Child male To be answered ONLY in event of plural births. 4. Twin, triplet or other. 0 6. Legitimate? yes 7. Date of birth 8/27/27
Month Day Year

FATHER
Full name Mission Lee
1. Residence (Usual place of abode) Thatcher
If non-resident, give place and state.
2. Color or race white
11. Age at last birthday 45 (Years)
3. Birthplace (city or place) Thatcher
(State or country)
3. Occupation Stockman + Farmer
Nature of industry

MOTHER
Full maiden name Sarah K. Layton
14. Residence (Usual place of abode) Thatcher
If non-resident, give place and state.
15. Color or race white
17. Age at last birthday 43 (Years)
18. Birthplace (city or place) Utah
(State or country)
19. Occupation Housewife
Nature of industry

20. Number of children of this mother 1 (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0
21. Were precautions taken against ophthalmia neonatorum? yes
Taken as of time of birth of child herein certified and including this child.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 7:14 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 _____
(Physician or midwife.)

Given name added from supplemental report _____ Address _____
Month, day, year _____
Registrar J. H. Stettin
Filed Sept. 8, 1927 H.C.O. Registrar

435 - 827 - 235