

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

State File No. 211
 Registered No. 61

1. PLACE OF BIRTH

County Gila State Ariz.
 District or Township _____ or Village _____
 City Globe No. _____ St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Ray Glenn Lacy

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

3. Sex of Child <u>Male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	6. Legitimate? <u>Yes</u>	7. Date of birth <u>3-31-1920</u> Month Day Year
		5. No., in order of birth _____		

8. FATHER
 Full name Henry Lee Lacy
 9. Residence
 (Usual place of abode) Globe, Ariz.
 If non-resident, give place and state.
 10. Color or race
White
 11. Age at last birthday 29 (Years)
 12. Birthplace (city or place) White Oaks
 (State or country) New Mex.
 13. Occupation
 Nature of industry Laborer

14. MOTHER
 Full maiden name Edna Etta Waldrip
 15. Residence
 (Usual place of abode) Globe, Ariz.
 If non-resident, give place and state.
 16. Color or race
White
 17. Age at last birthday 26 (Years)
 18. Birthplace (city or place) Mountain Park
 (State or country) New Mex.
 19. Occupation
 Nature of industry Housewife

20. Number of children of this mother <u>3</u> (Taken as of time of birth of child herein certified and including this child.)	(a) Born alive and now living <u>3</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>	21. Were precautions taken against ophthalmia neonatorum? <u>Yes.</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6:40A. 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 T. C. Harper
Physician
 (Physician or Midwife).

Given name added from a supplemental report _____
 Month, day, year _____
 Address Globe, Arizona

Filed 4/8 1920 H. E. Wightman
 Registrar

Order of birth stated.

938-231-567