

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

State File No. 451
Registered No. 451

1. PLACE OF BIRTH
County Stila State Arizona
District or Township _____ or Village Real 426 Elwood Ave Miami, Oz
City Miami No. Miami Insp. Hospital St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child John Lloyd Lemon { 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. Twin, triplet or other _____ 4. Legitimate? yes 5. No., in order of birth _____ 6. Date of birth July 3-1930
Month Day Year

8. FATHER
Full name Charles Harvey Lemon
9. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.

14. MOTHER
Full maiden name Margaret E. Gittins
15. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.

10. Color or race Cauc. 11. Age at last birthday 42 (Years)

16. Color or race Cauc 17. Age at last birthday 40 (Years)

12. Birthplace (city or place) Florence
(State or country) Arizona

18. Birthplace (city or place) Wilkesbarre,
(State or country) Pa.

13. Occupation
Nature of industry Merchant

19. Occupation
Nature of industry Housewife

20. Number of children of this mother 7
(Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 6
(b) Born alive but now dead 1
(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum?

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 9:40 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 Cyril M. Brown, M.D.
(Physician or midwife).

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

Filed July 12, 1930 J. E. Denny
Registrar Registrar

135-703-472

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