

## PLACE OF BIRTH

1. County of Gila

District of \_\_\_\_\_

Town of Pine

or

City of \_\_\_\_\_

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. \_\_\_\_\_

County Registrar No. \_\_\_\_\_

Local Registrar No. 15

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. Full name of child Lila Lee Howard (If birth occurred in a hospital or institution, give its NAME instead of street and number)

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

3. Sex of Child

FemaleTo be answered ONLY  
in event of plural  
births.

4. Twin, triplet or other \_\_\_\_\_

6. Legitimate? Yes7. Date of birth July 13 1930  
Month day year

5. No., in order of birth \_\_\_\_\_

3.

## FATHER

Full name Charles A. Howard9. Residence  
(Usual place of abode)If nonresident, give place and state Pine Ariz

10. Color or race

White11. Age at last birthday 52 (Years)12. Birthplace (city or place)  
(State or country)Newville  
Utah

13. Occupation

Nature of industry Leather

14.

## MOTHER

Full maiden name Martha Marion Jett15. Residence  
(Usual place of abode)If nonresident, give place and state Pine Ariz

16. Color or race

17. Age at last birthday 40 (Years)18. Birthplace (city or place)  
(State or country)Alta Idaho

19. Occupation

Nature of industry Housewife

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 8

(b) Born alive but now dead \_\_\_\_\_

(c) Stillborn \_\_\_\_\_

21. Were precautions taken against oph-  
thalmia neonatorum?yes

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born at 10:00 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  
evidences of life after birth.Given name added from  
a supplemental report

Month, day, year.

Frank R. Randall  
Registrar

Signature

Kate G. Miller

(Physician or midwife)

Address

Pine

Filed

July 21 1930 Frank R. Randall  
Local Registrar.

Filed

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County Registrar.

In order of birth stated.

294-713-812