

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 15

Registered No. 1

**1. PLACE OF BIRTH**

County Apache State Arizona

District or Township Nutrioso or Village \_\_\_\_\_

City \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

2. Full name of child Cecil Laeare Lee  
(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	To be answered ONLY in event of plural births.	4. Twin, triplet or other	6. Legitimate?	7. Date of birth
<u>Male</u>			<u>yes</u>	<u>Aug 27 1930</u> Month Day Year
		5. No., in order of birth.		

**8. FATHER**  
Full name Marian Lee

9. Residence (Usual place of abode)  
If non-resident, give place and state. Nutrioso

10. Color or race White

11. Age at last birthday 39 (Years)

12. Birthplace (city or place) Nutrioso  
(State or country) Apache

13. Occupation  
Nature of Industry Farming

20. Number of children of this mother 4  
(Taken as of time of birth of child herein certified and including this child.)  
 (a) Born alive and now living 4  
 (b) Born alive but now dead \_\_\_\_\_  
 (c) Stillborn \_\_\_\_\_

**14. MOTHER**  
Full maiden name Ella Maxwell

15. Residence (Usual place of abode)  
If non-resident; give place and state. Nutrioso

16. Color or race \_\_\_\_\_

17. Age at last birthday 33 (Years)

18. Birthplace (city or state) New Mexico  
(State or country) New Mexico

19. Occupation  
Nature of industry House Wife

21. Were precautions taken against opthalmia neonatorum? yes

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Alive at 3.15 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 Mrs. P. Lee  
Mid Wife  
(Physician or midwife.)

Given name added from a supplemental report \_\_\_\_\_  
 Month, day, year \_\_\_\_\_ Address Guano Arizona

Filed Aug 31, 1930 Lucinda Wilkins  
 Registrar. Registrar.

535-677-943

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 child shall be stated. WITH INFORMATION AND WITH A SEPARATE RETURN must be made for each, and the number of each child shall be stated.