

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

117

State File No. _____
 Registered No. 219

1. PLACE OF BIRTH

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

2. Full name of child Burns Edwin Lockwood { 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>Nov. 7, 1930</u> Month Day Year
		5. No., in order of birth _____		

8. FATHER
 Full name Kenneth Davidson Lockwood

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

10. Color or race White
 11. Age at last birthday 32 (Years)

12. Birthplace (city or place) New Albany Ind.
 (State or country)

13. Occupation
 Nature of industry Grocery man

14. MOTHER
 Full maiden name Helen Plummer

15. Residence (Usual place of abode) Superior Ariz.
 If non-resident, give place and state.

16. Color or race White
 17. Age at last birthday 30 (Years)

18. Birthplace (city or place) Elk River Minn.
 (State or country)

19. Occupation
 Nature of industry Housewife

20. Number of children of this mother <u>2</u> <small>(Taken as of time of birth of child herein certified and including this child.)</small>	(a) Born alive and now living <u>2</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 alive at 5:30 p. 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 [Signature]

 (Physician or midwife)

Given name added from a supplemental report _____
 Address Box 630 Geabe, Ariz

Month, day, year _____
 Filed 12/4, 1930 G. E. [Signature]
 Registrar

Registrar
234-1107-879