

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

124

State File No. _____
 Registered No. 150

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township _____ or Village _____
 City Globe No. _____ St. _____ Ward _____

2. Full name of child Mary Wilma Lehman
(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 <u>Female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	5. No., in order of birth _____	6. Legitimate? <u>Yes</u>	7. Date of birth <u>Aug. 13, 1931</u> Month Day Year
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8. FATHER
 Full name Robert Frederick Lehman

14. MOTHER
 Full maiden name Mayorie Joyce Russell

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

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

10. Color or race White

16. Color or race White

11. Age at last birthday 21 (Years)

17. Age at last birthday 18 (Years)

12. Birthplace (city or place) Fairmont Minn.
 (State or country)

18. Birthplace (city or place) Los Angeles Calif.
 (State or country)

13. Occupation
 Nature of Industry Clerk

19. Occupation
 Nature of Industry Housewife

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

21. Were precautions taken against ophthalmia neonatorum?
Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 9:15 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 C. W. Adams
Physician
(Physician or midwife)

Given name added from 435-813-493
 a supplemental report. Month, day, year

Address Box 636 Globe, Ariz.
 Filed 9/8 1931
E. E. Kelly
Registrar

I AM NOT RESERVED FOR BINDING
 WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 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.