

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

State File No. **121**
 Registered No. **33**

1. PLACE OF BIRTH

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

2. Full name of child Lawrence Lane Metzger
(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.
 4. Twin, triplet or other _____
 5. No., in order of birth _____
 6. Legitimated? Yes
 7. Date of birth 3-12-1932
Month Day Year

8. FATHER
 Full name Robert George Metzger

14. MOTHER
 Full maiden name Verdie Corn

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

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

10. Color or race White
 11. Age at last birthday 27 (Years)

16. Color or race White
 17. Age at last birthday 19 (Years)

12. Birthplace (city or place) Fort Collins Colo.
 (State or country)

18. Birthplace (city or place) Islohe Ariz.
 (State or country)

13. Occupation Confectioner
 Nature of Industry

19. Occupation Housewife
 Nature of Industry

20. Number of children of this mother 2
(Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living 2
 (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 born alive at 12:15 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 T.C. Harper Physician
 (Physician or midwife)

Given name added from a supplemental report _____
 Address Islohe, Ariz.

Filed 4/6 1932 W.E. Wightman Registrar
 Registrar

349-312-535