

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

State File No. _____
 Registered No. 156

1. PLACE OF BIRTH

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

2. Full name of child Richard Elledge Lambert
(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. Legitimate? Yes
 6. No., in order of birth _____
 7. Date of birth 11-13-1932
 Month Day Year

8. FATHER
 Full name Ernest Richard Lambert

11. MOTHER
 Full maiden name Anna Lucille Elledge

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
 11. Age at last birthday 21 (Years)

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

12. Birthplace (city or place) Wickenburg Ariz
 (State or country)

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

13. Occupation mechanic
 Nature of Industry

19. Occupation Housewife
 Nature of Industry

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 _____
 (b) Born alive but now dead _____
 (c) Stillborn _____

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 7:20 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. Hooper Physician (Physician or midwife.)

Given name added from 933-1113-155 Address Globe, Ariz
 a supplemental report. Month, day, year
 Filed 1297 1932 Ed. W. Wright Registrar

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.