

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

State File No. 737
 Registered No. _____

1. PLACE OF BIRTH

County Gila State _____
 District or Territory _____ or VII _____
 City Claypool (If birth occurred in a hospital institution, give its NAME instead of street and number) St. _____ Ward _____

2. Full name of child

Jack Tynel Lucas (If child is not yet named, make supplemental report, as directed)
 Sex of Child Male To be answered ONLY if twin, triplet or other 1st (Legitimate?) Yes F. Date of birth May 3 1933
 In event of plural births _____ & No., in order of birth _____ Month Day Year

3. Full name of FATHER Frank T. Lucas

14. Full name of MOTHER Anna Sanders

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

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

10. Color or race White 11. Age at last birthday 45 (Years)

16. Color or race White 17. Age at last birthday 38 (Years)

12. Birthplace (city or place) Chicago Ill.
 (State or country)

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

13. Occupation Unemployed
 Nature of industry

19. Occupation Housewife
 Nature of industry

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 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 or stillborn) _____ m. on the date of birth stated.

* 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 Almond Bryson
Miaut Bryson

Given name added from a supplemental report _____
 Month, day, year _____

Address _____
 Filed 4/5/33 at C. J. Perkins
 Registrar _____ Registrar _____

132-503-22

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.