ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 384

Registered No. 110

1. PLACE OF BIRTH

County Maricopa State Arizona

Township Buckeye or Village

City No. St. Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child A. F. Lyon (If child is not yet named, make supplemental report, as directed)

3. Sex Male

If plural births: 4. Twin, triplet, or other — 5. Number, in order of birth —

6. Premature — Full term ✓ 7. Legitimate? ✓

8. Date of birth Dec. 25, 1933 (Month, day, year)

FATHER	MOTHER
9. Full name Anthony Foster Lyon	18. Full maiden name Lottie Elen Lemond
10. Residence (usual place of abode) (If nonresident, give place and State) Buckeye	19. Residence (usual place of abode) (If nonresident, give place and State) Buckeye
11. Color or race White Age at last birthday 34 (Years)	20. Color or race White 21. Age at last birthday 29 (Years)
13. Birthplace (city or place) Greenwood (State or country) Texas	22. Birthplace (city or place) (State or country) Oklahoma
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work 19	25. Date (month and year) last engaged in this work 19
17. Total time (years) spent in this work	26. Total time (years) spent in this work

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead (c) Stillborn

28. If stillborn, period of gestation months or weeks

29. Cause of stillbirth Before labor / During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1 a.m. on the date above stated

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

(Signed) P. Lee Lyford, M.D.

or _____, Midwife

Address Buckeye, Ariz.

Given name added from a supplemental report _____ (Date of)

Registrar.

Filed Jan. 16, 1934 A. J. Platy 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.

135-1225-332