

1913

Delayed Certificate

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. X
Registered No. 26

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.

1. PLACE OF BIRTH

County Gila ~~Maricopa~~ Territory of Arizona
District or Township _____ or Village Strawberry
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 Lucy Nash } if child is not yet named, make supplemental report, as directed.

3. Sex of Child } To be answered ONLY in event of plural births. } 4. Twin, triplet or other. _____ } 6. Legitimate? } 7. Date of birth Oct 10, 1891
Female } } Yes } } Month Day Year
5. No., in order of birth. _____

8. FATHER Full name <u>Lafayette P. Nash</u>		14. MOTHER Full maiden name <u>Mary Elizabeth Birdsall</u>	
9. Residence (Usual place of abode) <u>Strawberry</u> If non-resident, give place and state. <u>Arizona</u>		15. Residence (Usual place of abode) <u>Strawberry</u> If non-resident, give place and state. <u>Arizona</u>	
10. Color or race <u>White</u>	11. Age at last birthday <u>50</u> (Years)	16. Color or race <u>White</u>	17. Age at last birthday <u>38</u> (Years)
12. Birthplace (city or place) <u>Delaware</u> (State or country) <u>Ohio</u>		18. Birthplace (city or place) <u>San Francisco</u> (State or country) <u>California</u>	
13. Occupation <u>Rancher</u> Nature of Industry _____		19. Occupation <u>Housewife</u> Nature of Industry _____	

20. Number of children of this mother 7 } (a) Born alive and now living 5
(Taken as of time of birth of child herein } (b) Born alive but now dead 2
certified and including this child.) } (c) Stillborn _____ } 21. Were precautions taken against ophthalmia neonatorum? NO

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was born alive at 2.00 A m. on the date above stated.
(Born alive or stillborn)

Signature Mrs. Nash Burger
Sister
(Physician or midwife.)

Given name added from a supplemental report _____
Month day year _____
Address 3319 1/2 Dunn Drive, Culver City, Calif.
Filed July 31 1931 Frank C. Randall Registrar.