

2209

SUPPLEMENT ATTACHED

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. _____
Registered No. _____

PLACE OF BIRTH

County Graham State ARIZONA
Township _____ or Village _____
City Pima No. _____ (If birth occurred in a hospital or institution, give its NAME instead of street and number) Ward _____

1 Full name of child Lamb, Helva Ruth Lamb (If child is not yet named, make supplemental report, as directed)
3 Sex F If plural births _____ 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term _____ 7. Married? _____ 8. Date of birth May 9, 1904 19____ (Month, day, year)

9. Full name FATHER
Thos. Norman Lamb
10. Residence (usual place of abode) (If non-resident, give place and State) _____
11. Color or race Cau. 12. Age at last birthday 43 (Years)
13. Birthplace (city or place) _____ (State or country) Utah
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work _____, 19____

18. Full maiden name MOTHER
Janette Ferrin
19. Residence (usual place of abode) (If non-resident, give place and State) _____
20. Color or race Cau. 21. Age at last birthday 37 (Years)
22. Birthplace (city or place) _____ (State or country) Utah
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work _____, 19____

17. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 9 (b) Born alive but now dead _____ (c) Stillborn _____

18. If stillborn, period of gestation _____ { months or weeks } 19. Cause of stillbirth _____ { Before labor or During labor }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ (Born alive or stillborn) at _____ m. on the date above stated
When there was no attending physician or midwife, then the father, householder, etc., should make this return.
(Signed) Root _____, M. D.
or _____, Midwife
Address _____
Filed May 18, 1904, 19____ R. R. Root Registrar.
Given name added from _____ (Date of) _____
supplemental report _____ Registrar.