

500

Write P. with Unfading Ink.—This is a Permanent Record.

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. This certificate must be filed by the attending Physician or Midwife with the Local Registrar within 3 days after birth.

PLACE OF BIRTH
 County of Gila
 District of _____
 Town of _____
 or City of Globe

ARIZONA TERRITORIAL BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS. Ter. Index No. 76
 ORIGINAL CERTIFICATE OF BIRTH. Co. Registrar No. 245
 Local Registrar's No. _____

FULL NAME OF CHILD Ynez Lane { Born YES
 Alive NO

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Sex of Child <u>Fr</u>	and	Number in order of birth <u>2</u>	Legitimacy? <u>yes</u>	Date of Birth <u>JUN 1 1910</u> (Month) (Day) (Yr.)
FATHER Full Name <u>Earl B Lane</u> Residence <u>Globe</u> Color or Race <u>White</u> Age at last Birthday <u>30</u> (Years) Birthplace <u>Az</u> Occupation <u>Miner</u>		MOTHER Full Maiden Name <u>Maia Thomas Lane</u> Residence <u>Globe</u> Color or Race <u>White</u> Age at last Birthday <u>24</u> (Years) Birthplace <u>Ariz</u> Occupation <u>Housewife</u>		
Number of child of this mother <u>2</u>	Number of children, of this mother, now living <u>1</u>	Were Precautions taken against Ophthalmia neonatorum? <u>yes</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on, JUN 1 1910, at 10. M.

(Signature) P. J. Kennedy
 (Attending physician, midwife, householder. *)

Given or christian name added from a supplemental report _____ 191__

Address _____

Filed JUN 4 1910 B. J. Iron LOCAL REGISTRAR.
 Filed DEC 5 1910 B. J. Iron COUNTY REGISTRAR.

835-1101-435
 COUNTY REGISTRAR.