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

PLACE OF BIRTH
1. County of Gila
District of _____
Town of Hayden
or _____
City of _____ No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

State Index No. 90
County Registrar No. _____
Local Registrar No. 41

2. Full name of child Lois Maxine Blackman { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 6. Legitimate? Yes 7. Date of birth Dec. 1st, 1913
Month Day Year

<p>8. FATHER Full name <u>Burton E. Blackman</u></p> <p>9. Residence (Usual place of abode) If non-resident, give place and state. <u>Hayden</u></p> <p>10. Color or race <u>White</u></p> <p>11. Age at last birthday <u>29</u> (Years)</p> <p>12. Birthplace (city or place) <u>Shelby</u> (State or country) <u>Ohio</u></p> <p>13. Occupation <u>Clerk</u> Nature of industry _____</p>	<p>14. MOTHER Full maiden name <u>Mary Anderson</u></p> <p>15. Residence (Usual place of abode) If non-resident, give place and state. <u>Hayden</u></p> <p>16. Color or race <u>White</u></p> <p>17. Age at last birthday <u>19</u> (Years)</p> <p>18. Birthplace (city or place) <u>Fairview</u> (State or country) <u>Utah</u></p> <p>19. Occupation <u>Housewife</u> Nature of industry _____</p>
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20. Number of children of this mother taken as of time of birth of child herein certified and including this child. (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum? Yes
Dr. F. C. Norman was the attending physician.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

hereby certify that I attended the birth of this child, who was Born alive at 6 A. M. on the date above stated
(Born alive or stillborn.)

* 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 Mary Blackman - Mother
Signature B. E. Blackman (Physician or Father)
Address Hayden, Arizona.

Month, day, year 325-1201-415 Filed July 30, 1928
Local Registrar W. B. Nash

Registrar _____ Filed _____, 19____ County Registrar _____