

4 198

PLACE OF BIRTH

County of Gila  
District of \_\_\_\_\_  
Town of Roosevelt  
or  
City of \_\_\_\_\_

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS.

State Index No. 136 **80**  
Co. Register No. 102  
Local Registrar's No. 1

ORIGINAL CERTIFICATE OF BIRTH.

FULL NAME OF CHILD Albert Neil Lyall (No. \_\_\_\_\_) St: \_\_\_\_\_ Ward) } Born } YES  
} Alive } NO

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

Sex of Child Male Twin, Triplet or other \_\_\_\_\_ } and } Number in order of birth \_\_\_\_\_ Legiti- mate? yes Date of Brth March 31 1914 (Month) (Day) (Yr.)

FATHER  
Full Name Albert Neil Lyall  
Residence Roosevelt, Ariz.  
Color or Race White Age at last Birthday 23 (Years)  
Birthplace Phoenix, Ariz.  
Occupation Cattle man

MOTHER  
Full Maiden Name Pollie Elizabeth Henderson  
Residence Roosevelt, Ariz.  
Color or Race White Age at last Birthday 19 (Years)  
Birthplace Livingstone, Ariz.  
Occupation Housewife

Number of child of this mother 1 Number of children, of this mother, now living 1 Were precautions taken against Ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of above child; and that it occurred on Mar 31 1914, at 6:30 AM.

{ When there is no attending physi- }  
{ cian or midwife, then the householder }  
{ should make this return. }

(Signature) B. J. Fox, M.D.  
(Attending physician, midwife, nurse, or other.)

Address Phoenix, Ariz.

Given or christian name added from a  
supplemental report \_\_\_\_\_ 191\_\_

133-331-785  
COUNTY REGISTRAR.

Filed April 4 1914

Filed April 10 1914

J. P. Frazer  
LOCAL REGISTRAR.

True Copy  
B. J. Fox, M.D.  
COUNTY REGISTRAR.