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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

8 State Index No. 396
Co. Register No. 24
Local Registrar's No. 8

PLACE OF BIRTH

County of Apache
District of
Town of Eagar
or
City of
(No. St; Ward)

FULL NAME OF CHILD Lola Lund

Born Alive: YES ~~NO~~

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

Sex of Child	Twin, Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Yr.)
Girl	1		1	Yes	Feb 16 1916

FATHER		MOTHER	
Full Name	William Lund	Full Maiden Name	Lucinda Marguerett Lee
Residence	Eagar	Residence	Eagar
Color or Race	White	Color or Race	White
Age at last Birthday (Years)	38	Age at last Birthday (Years)	36
Birthplace	St. Johns Ariz	Birthplace	Green Ariz
Occupation	Farmer	Occupation	Home making

Number of child of this mother 12 | Number of children, of this mother, now living 9 | 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 Feb 16 1916, at 10 P.M.

*When there is no attending physician or midwife, then the householder should make this return.

(Signature) Annie Nelson
(Attending physician, midwife, householder.*)

Address Eagar Ariz

Given or christian name added from a supplemental report .....191.....

Filed Mar 5 1916 E. J. Udall
LOCAL REGISTRAR.

334-216-335
COUNTY REGISTRAR.

Filed 3/20 1916 A True Copy F. J. Boulden
COUNTY REGISTRAR.

N. B.—In case of more than one child at a birth, a SEPARATE RECORD must be made for each, in order of birth, stated. This certificate must be filed by the attending Physician or Midwife with each local Registrar within 5 days after birth.