219

Supplement Attached

PLACE OF BIRTH

County of Graham

District of Pima

Town of Pima

or

City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

157

State Index No. 533

Co. Register No. 43

Local Registrar's No. 19

(No._____St;_____Ward)

FULL NAME OF CHILD Boyce H. Lines

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

Born Alive: YES ~~NO~~

Sex of Child	Twin, Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Yr.)
Male			5th	Yes	Feb. 10, 1916

FATHER		MOTHER	
Full Name	William Arthur Lines	Full Maiden Name	Sarah Evaline Anderson
Residence	Pima, Arizona	Residence	Pima, Ariz
Color or Race	White	Color or Race	White
Age at last Birthday (Years)	36	Age at last Birthday (Years)	33
Birthplace	Goshen, Utah	Birthplace	Kanosh, Utah
Occupation	Farmer	Occupation	Housewife

Number of child of this mother 5th | Number of Children, of this mother, now living Five | Were precautions taken against Ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on Feb. 10th, 1916, at 2:30 P. M.

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

(Signature) J. N. Haywood

(Attending physician, ~~midwife~~, ~~householder~~.*)

Address _____

Given or Christian name added from a supplemental report _____ 191__.

Filed 3/5 1916. Mrs. R. C. Dryden

LOCAL REGISTRAR.

232-AD-215

COUNTY REGISTRAR.

Filed 3/10 1916. A True Copy Geo. S. Martin

COUNTY REGISTRAR.