

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

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS **119** State Index No. 4930
ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 322
 Local Registrar's No. _____
 (No. _____ St. _____ Ward)

FULL NAME OF CHILD George A. Lyman { Born } YES
 If child is not named, make Supplemental Report on blank obtainable from local registrar. { Alive } NO

Sex of Child	Boy	Twin, Triplet or other	Other	and	Number in order of birth	1	Legitimate? yes	Date of Birth	Aug 10, 1916
								(Month) (Day) (Yr.)	
FATHER					MOTHER				
Full Name	George A. Lyman				Full Maiden Name	Mabel Olson			
Residence	Globe, Ariz.				Residence	Globe, Ariz.			
Color or Race	White	Age at last Birthday	44		Color or Race	White	Age at last Birthday	24	
			(Years)					(Years)	
Birthplace	Michigan				Birthplace	Michigan			
Occupation	Fireman				Occupation	Housewife			
Number of child of this mother	3	Number of Children, of this mother, now living	3	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 Aug 10 1916, at 11:30 A.
 { *When there is no attending physician or midwife, then the householder should make this return. }

(Signature) [Signature]
 (Attending physician, midwife, householder)

Address [Address]

Given or Christian name added from a supplemental report _____ 1916

Filed Dec 1 1916

Filed Dec 5 1916 A True Copy

LOCAL REGISTRAR.

COUNTY REGISTRAR.

735-810-465
 COUNTY REGISTRAR.