

9 18

In case of more than one child, one certificate must be made for each, and number of each, in order of birth, stated. Must be filed by the attending Physician or Midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH
 County of Lila
 District of Michaelson, Hayden
 Town of Hayden
 or
 City of _____ (No. _____ St. _____ Ward _____)

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS 133 State Index No. 633
ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 197
 Local Registrar's No. _____

FULL NAME OF CHILD Lillian Violet Lincoln } Born } YES
 If child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive } ~~NO~~

Sex of Child <u>Female</u>	Twin, Triplet or other <u>no</u>	and	Number in order of birth <u>3</u>	Legitimate? <u>yes</u>	Date of Birth <u>Apr-15-1917</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>Dayton M. Lincoln</u>			Full Maiden Name <u>May Stone</u>		
Residence <u>Hayden Arizona</u>			Residence <u>Hayden Arizona</u>		
Color or Race <u>white</u>		Age at last Birthday <u>38</u> (Years)	Color or Race <u>white</u>		Age at last Birthday <u>29</u> (Years)
Birthplace <u>Illinois</u>			Birthplace <u>Indiana</u>		
Occupation <u>Boiler maker</u>			Occupation <u>house wife</u>		
Number of child of this mother... <u>3</u>		Number of children, of this mother, now living... <u>3</u>		Were precautions taken against Ophthalmia neonatorum? <u>yes</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
 I hereby certify that I attended the birth of above child; and that it occurred on April 13, 1917 at 1:30 P.M.
 { *When there is no attending physician or midwife, then the householder should make this return. }
 (Signature) Charles S. Swan
 (Attending physician, midwife, householder. *)
 Address Hayden Arizona
W. Roberts
 LOCAL REGISTRAR.
 Filed May 4 1917
 A True Copy B. G. Jay
 Filed May 15 1917
 COUNTY REGISTRAR.

Given or christian name added from a supplemental report _____ 191_____
335-413-425
 COUNTY REGISTRAR.