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**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS

County of Tulsa State Index 640  
 District of Hayden ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 168  
 Town of Hayden Local Registrar's No. \_\_\_\_\_  
 or \_\_\_\_\_  
 City of \_\_\_\_\_ (No. \_\_\_\_\_ St; \_\_\_\_\_ Ward)

FULL NAME OF CHILD Philip Roseoe Lane Born YES  
 If child is not named, make Supplemental Report on blank obtainable from local registrar. Alive no

Sex of Child <u>m</u>	Twin, Triplet or other	and	Number in order of birth	Legiti mate? <u>Yes</u>	Date of Birth <u>Apr 7th 1918</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>John S. Lane</u>			Full Maiden Name <u>Arley Neelay</u>		
Residence <u>Hayden</u>			Residence <u>Hayden</u>		
Color or Race <u>Wh.</u>	Age at last Birthday <u>40</u> (Years)			Color or Race <u>Wh.</u>	Age at last Birthday <u>30</u> (Years)
Birthplace <u>Kansas</u>			Birthplace <u>Kansas</u>		
Occupation <u>Mechanic (Copper Mill)</u>			Occupation <u>Housewife</u>		
Number of child of this mother	Number of children, of this mother, now living <u>6</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 Apr 7th 1918, at 11:10 P.M.

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

(Signature) Charles H. Towant  
(Attending physician, midwife, nurse, or other)

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

Address W B Dash  
LOCAL REGISTRAR.

735-407-158  
COUNTY REGISTRAR.

Filed 11/8 1918

Filed May 7 1918 A True Copy R. E. Fox  
COUNTY REGISTRAR.