

2257

PLACE OF BIRTH
 County of Scha
 District of _____
 Town of _____
 or _____
 City of Globe (No. _____ St; _____ Ward)

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH
 State Index No. 113
 Co. Register No. 303
 Local Registrar's No. _____

FULL NAME OF CHILD Eugene Donald Lyman } Born } YES
 } Allve } NO
 If child is not named, make Supplemental Report on blank obtainable from local registrar.

Sex of Child	<u>Male</u>	Twin, Triplet or other		and	Number in order of birth	Legitimate?	<u>Yes</u>	Date of Birth	<u>June 5</u>	191 <u>8</u>	
								(Month)	(Day)	(Yr.)	
FATHER						MOTHER					
Full Name	<u>George A. Lyman</u>					Full Maiden Name	<u>Mable Olson</u>				
Residence	<u>Globe, Ariz</u>					Residence	<u>Globe, Ariz</u>				
Color or Race	<u>White</u>	Age at last Birthday	<u>46</u>	(Years)	Color or Race	<u>White</u>	Age at last Birthday	<u>26</u>	(Years)		
Birthplace	<u>Harrisville, Mich</u>					Birthplace	<u>Muskegon, Mich</u>				
Occupation	<u>Smeltermen</u>					Occupation	<u>Housewife</u>				
Number of child of this mother	<u>4</u>	Number of children, of this mother, now living	<u>4</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 June 5, 1918, at 4:10 P. M.
 { *When there is no attending physician or midwife, then the householder should make this return. }
 (Signature) Alvin Kinnel M.D.
 (Attending physician, midwife, householder.)
 Address Globe, Ariz.
 Given or christian name added from a supplemental report _____ 191____
 Filed 7/20 1918
535-1205-465 Filed 8/5 1918 A True Copy
 COUNTY REGISTRAR. LOCAL REGISTRAR. COUNTY REGISTRAR.