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ARIZONA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS ORIGINAL CERTIFICATE OF BIRTH

PLACE OF BIRTH
Miss
Missouri

State Index No. *114*
Co. Registrar's No. *7*
Local Registrar's No. _____

(No. _____ St. _____ Ward _____)

FULL NAME OF CHILD *Genevieve Elisa Lemmon* Born YES
If child is not named, make Supplemental Report on blank obtainable from local registrar. Alive NO

Sex of Child <i>Female</i>	Twin, Triplet or other <i>No</i>	and	Number in order of birth <i>1st</i>	Legiti. male <i>Yes</i>	Date of Birth <i>Jan 3 1919</i>
FATHER					MOTHER
Full Name <i>Charles Harvey Lemmon</i>					Full Maiden Name <i>Margaret Elizabeth Gittins</i>
Residence <i>Mesa Ariz.</i>					Residence <i>Mesa Ariz.</i>
Color or Race <i>White</i>	Age at last Birthday <i>31</i> Years		Color or Race <i>White</i> Age at last Birthday <i>27</i> Years		
Birthplace <i>Mesa Ariz.</i>			Birthplace <i>Pa.</i>		
Occupation <i> Clerk</i>			Occupation <i>House wife</i>		
Number of this Mother <i>4</i>	Number of Children, of this mother, now living <i>3</i>		Were precautions taken against Ophthalmia neonatorum? <i>Yes</i>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on *Jan 3 1919* at *9:40* M.

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

Signature *B. H. Hardy*
Attending physician, midwife, householder *

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

Address *Mesa Ariz.*
Wm. S. Bradford M.D.
LOCAL REGISTRAR.

7:35-103-472 Filed *Feb 5 1919* A True Copy
COUNTY REGISTRAR. *B. S. Jaf* COUNTY REGISTRAR.