

PLACE OF BIRTH

County of Gila
District of _____
Town of Hayden
or _____
City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 85

ORIGINAL CERTIFICATE OF BIRTH

Co. Register No. 203

Local Registrar's No. _____

(No. _____ St; _____ Ward)

FULL NAME OF CHILD Lois Louise Lingle } Born } YES
If child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive }

Sex of Child female } Twin, Triplet or other } and } Number in order of birth } Legitimate? } Date of Birth Mar 29 1919
(Month) (Day) (Yr.)

FATHER
Full Name Theodore Raymond Lingle
Residence Hayden
Color or Race white Age at last Birthday 27 (Years)
Birthplace Beatrice Nebraska
Occupation Bookkeeper

MOTHER
Full Maiden Name Florence Hazel Simonson
Residence Hayden
Color or Race white Age at last Birthday 26 (Years)
Birthplace Cleveland Ohio
Occupation Housewife

Number of child of this mother... 1... Number of children, of this mother, now living... 1... Were precautions taken against Ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on Mar 29 1919, at 6 A. M.
*When there is no attending physician or midwife, then the householder should make this return.

(Signature) Charles Hobman
(Attending physician, midwife, householder)

Given or christian name added from a supplemental report _____ 191_____

Address Hayden
W. B. Nash
LOCAL REGISTRAR.

335-329-625
COUNTY REGISTRAR.

Filed Apr 10 1919
Filed May 8 1919

A True Copy B. G. Fox
COUNTY REGISTRAR.