4543

PLACE OF BIRTH

County of Apache

District of

Town of Eagar

or

City of

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 79

Co. Register No. 3

Local Registrar's No. 1

(No. St; Ward)

FULL NAME OF CHILD Lillian Loree Hamblin { Born Alive } YES ~~NO~~

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Sex of Child	Twin, Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Yr.)
F	+		1	yes	May 16 1919

FATHER

Full Name Jacob Vernon Hamblin

Residence Eagar

Color or Race American Age at last Birthday 25 (Years)

Birthplace Alpine Ariz

Occupation Farming

MOTHER

Full Maiden Name Lillian Bigelow

Residence Eagar

Color or Race American Age at last Birthday 18 (Years)

Birthplace Eagar

Occupation Housekeeper

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on May 16 1919, at M.

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

(Signature) E. Cecelia Hamblin (Attending physician, midwife, householder.*)

Address Eagar Ariz.

Given or christian name added from a supplemental report 191

Filed Feb 5 1920 E. J. Udall LOCAL REGISTRAR.

Filed Feb 16 1920 A True Copy T J Boulden COUNTY REGISTRAR.

395-516-326 COUNTY REGISTRAR.