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# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 12
Co. Register No. 15
Local Registrar's No. 3

**PLACE OF BIRTH**

County of Apache
District of Eagar
Town of Eagar
or
City of ..... (No. ..... St; ..... Ward)

FULL NAME OF CHILD Lorna Lund

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

Born Alive: YES ~~NO~~

| Sex of Child | Twin, Triplet or other | and | Number in order of birth | Legitimate? | Date of Birth (Month) (Day) (Yr.) |
|---|---|---|---|---|---|
| F | + | | 1 | Yes | July 25 1919 |

| FATHER | | MOTHER | |
|---|---|---|---|
| Full Name | Ellis N. Lund | Full Maiden Name | Myrl Haws |
| Residence | Eagar | Residence | Eagar |
| Color or Race | White | Color or Race | White |
| Age at last Birthday (Years) | 26 | Age at last Birthday (Years) | 28 |
| Birthplace | Arizona | Birthplace | Utah |
| Occupation | Farm | Occupation | Homekeeper |

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 July 25 1919 at ..... M.

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

(Signature) John R Wells
(Attending physician, midwife, householder.*)

Address Springerville

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

Filed Feb 20 1920 E. J. Udall
LOCAL REGISTRAR.

334-725-482
COUNTY REGISTRAR.

Filed Mar 11 1920 A True Copy V. J. Bouchier
COUNTY REGISTRAR.
CO. SUPT. OF HEALTH

...the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or Midwife with each local Registrar within 5 days after birth.