

PLACE OF BIRTH  
 County of Coila  
 District of \_\_\_\_\_  
 Town of Miami  
 or \_\_\_\_\_  
 City of \_\_\_\_\_ (No. \_\_\_\_\_ St; \_\_\_\_\_ Ward)

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

State Index No. 93  
 Co. Register No. 430  
 Local Registrar's No. \_\_\_\_\_

FULL NAME OF CHILD James Earnest Lemley } Born } YES  
 If child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive } ~~NO~~

Sex of Child Male } and } Number in order of birth } Legitimate yes } Date of Birth Aug 3 1919  
 Twin, triplet or other } } } } (Month) (Day) (Yr.)

FATHER  
 Full Name William Morgan Lemley  
 Residence Honolulu, Hawaii Isl.  
 Color or Race White Age at last Birthday 26 (Years)  
 Birthplace West Virginia  
 Occupation U.S. Soldier

MOTHER  
 Full Maiden Name Anna Irene Sarah  
 Residence Miami, Ariz.  
 Color or Race White Age at last Birthday 18 (Years)  
 Birthplace Colorado  
 Occupation Housewife

Number of child of this mother 2 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 the above child; and that it occurred on Aug 3 1919, at 8:40 P.

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

(Signature) CR Swackhamer M.D.  
 (Attending physician, midwife, householder.)\*

Given or Christian name added from a supplemental report \_\_\_\_\_ 191...

Address Miami, Ariz.

136-203-128  
 COUNTY REGISTRAR.

Filed Aug 5 1919  
 Filed SEP 2 1919

NO Brayton  
 LOCAL REGISTRAR.  
B. J. Fox  
 COUNTY REGISTRAR.

A True Copy