

To be used by the attending Physician or Midwife with each local Registrar within 5 days after birth.

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. 408  
ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 419

(No. Ray, Cox Hospital St. \_\_\_\_\_ Ward) Local Registrar's No. \_\_\_\_\_

FULL NAME OF CHILD Lashbrook } Born   
If child is not named, make Supplemental Report on blank obtainable from local registrar. } Allive } NO

Sex of Child male { Twin, Triplet or other } and Number in order of birth 1st Legitimate? yes Date of Birth Aug. 12th 1919  
(Month) (Day) (Yr.)

FATHER  
Full Name L. W. Lashbrook  
Residence Hayden, Arizona  
Color or Race white Age at last Birthday 41 (Years)  
Birthplace Emise, Texas  
Occupation Laborer

MOTHER  
Full Maiden Name Bessie Garcia  
Residence Hayden, Ariz.  
Color or Race mix. Age at last Birthday 23 (Years)  
Birthplace Monterey, Cal.  
Occupation Housewife

Number of child of this mother 1 Number of children, of this mother, now living 0 Were precautions taken against Ophthalmia neonatorum? Skilled

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child; and that it occurred on Aug. 12th 1919, at 8 a.m.  
{ \*When there is no attending physician or midwife, then the householder should make this return. }

(Signature) L. W. Carson  
(Attending physician, midwife, householder)

Given or christian name added from a supplemental report \_\_\_\_\_ 191\_\_\_\_\_

Address Hayden, Ariz.  
W. B. Dase

Filed Aug 14 1919

LOCAL REGISTRAR

032-412-271  
COUNTY REGISTRAR.

Filed SEP 5 1919

A True Copy B. E. Dot  
COUNTY REGISTRAR.