

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and 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.

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

PLACE OF BIRTH
 County of Gila
 District of _____
 Town of Miami
 or _____
 City of _____ (No. _____ St. _____ Ward _____)

State Index No. 112
 Co. Register No. 704
 Local Registrar's No. _____

FULL NAME OF CHILD Mayme Elizabeth Lancaster } Born } YES
 } Alive } NO
 If child is not named, make Supplemental Report on blank obtainable from local registrar.

Sex of Child <u>female</u>	Twin, Triplet or other <u>No</u>	and	Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of Birth <u>Dec 11 1919</u> (Month) (Day) (Yr.)
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FATHER Full Name <u>Nello Marcoe Lancaster</u> Residence <u>Miami Ariz.</u> Color or Race <u>White</u> Age at last Birthday <u>31</u> (Years) Birthplace <u>Texas</u> Occupation <u>Engineer</u>		MOTHER Full Maiden Name <u>Mayme Lucis Aikens</u> Residence <u>Miami Ariz</u> Color or Race <u>White</u> Age at last Birthday <u>25</u> (Years) Birthplace <u>Texas</u> Occupation <u>House wife</u>	
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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 Dec 11 1919, at 11 P. M.

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

(Signature) B. M. Hardy W. D.
 (Attending physician, midwife, householder.*)

Given or christian name added from a supplemental report _____ 191_____
 Address Miami Ariz.

Filed Dec 25 1919 LOCAL REGISTRAR.
 A True Copy B. G. J. O. COUNTY REGISTRAR.
 Filed Dec 28 1919 COUNTY REGISTRAR.

439-1211-419
 COUNTY REGISTRAR.