

2202

ARIZONA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

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

State Index No. 196
Co. Registrar's No. 63
Local Registrar's No. _____

FULL NAME OF CHILD Myrtabelle Jean Lyman, Born YES
If child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive

Sex of Child Female Twin, Triplet or other _____ and Number in order of birth _____ Legitimate? YES Date of Birth 1 27 1921
Month Day Yr.

FATHER
Full Name Herbert William Lyman
Residence Globe.
Color or Race White Age at last Birthday 25 Years
Birthplace Michigan
Occupation Mechanic

MOTHER
Full Maiden Name Flora Mildred Madden,
Residence Globe.
Color or Race White Age at last Birthday 21 Years
Birthplace Mass.
Occupation Housewife,

Number of child of this Mother 2 Number of Children, of this mother, now living 2 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 1-27th 1921 at 3 A.M.

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

Signature L. E. Wightman
Attending physician, midwife, householder

Address Globe, Ariz.

Given or Christian name added from a supplemental report _____ 191 _____ Filed 1/28 1921

435-127-643
COUNTY REGISTRAR.

B. G. Sax
LOCAL REGISTRAR.
B. G. Sax
COUNTY REGISTRAR.

N. B.—In case of multiple births, this certificate must be filed by the registrar within 5 days after birth.