

1520

PLACE OF BIRTH
 County of Gila BUREAU OF VITAL STATISTICS State Index No. 177 ✓
 District of _____ ORIGINAL CERTIFICATE OF BIRTH Co. Registrar No. 404
 Town of Miami Local Registrar's No. _____
 or _____ St. _____ Ward _____
 City of _____ (No. _____)

FULL NAME OF CHILD Walter P. Lemon { Born YES }
 If child is not named, make Supplemental Report on blank obtainable from local registrar. { Alive }

Sex of Child M Twin, Triplet or other 1 and Number in order of birth 2 Legitimate? Y Date of Birth July 27 - 1921
 (Month) (Day) (Yr.)

FATHER		MOTHER	
Full Name	<u>Walter P. Lemon</u>	Full Maiden Name	<u>Matilda Elias</u>
Residence	<u>Miami</u>	Residence	<u>Miami</u>
Color or Race	<u>Mexican</u>	Color or Race	<u>Mexican</u>
Age at last Birthday	<u>25</u>	Age at last Birthday	<u>25</u>
(Years)		(Years)	
Birthplace	<u>Arizona</u>	Birthplace	<u>Arizona</u>
Occupation	<u>Postway Clerk</u>	Occupation	<u>N</u>

Number of Child of this mother 2 Number of children of this mother now living 2 Were precautions taken against Ophthalmia neonatorum? Y

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child, and that it occurred on July 27, 1921, at 4:30 P.M.

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

(Signature) Charles E. Finn M.D.
 (Attending physician, midwife, householder.*)

Given or Christian name added from a Supplemental report _____ 192 _____ Filed 7/30 1921 B. M. Hays M.D.
 LOCAL REGISTRAR.

635-727-452 Filed Aug 3 1921 A True Copy B. E. Lat
 COUNTY REGISTRAR. COUNTY REGISTRAR.