

4749

N. B.--In case of more than one child at 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.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

County of Yuma
District of _____
Town of _____
or
City of Globe (No. _____ St. _____ Ward)

State Index No. 111
Co. Registrar's No. 424
Local Registrar's No. _____

ORIGINAL CERTIFICATE OF BIRTH

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

Sex of Child Male } Twin, Triplet or other } and } Number in order of birth } Legitimate? yes } Date of Birth 9 9 1922
Month Day Yr.

FATHER
Full Name Lloyd B Lee
Residence South Globe
Color or Race Colored Age at last Birthday 23 Years
Birthplace Texas
Occupation Laborer

MOTHER
Full Maiden Name William Jones
Residence South Globe
Color or Race Colored Age at last Birthday _____ Years
Birthplace Arizona
Occupation M.O.W.

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 the above child; and that it occurred on 9/9 1922 at 6 P.M.

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

Signature G. E. Wightman
Attending physician, midwife, householder.*

Given or Christian name added from a supplemental report. _____ 191__

Address Globe Ariz
B. S. J. O'Neil
LOCAL REGISTRAR.

335-909-612
COUNTY REGISTRAR.

Filed Sep 12 1922
Filed Oct 5 1922 A True Copy

B. S. J. O'Neil
COUNTY REGISTRAR.