

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

PLACE OF BIRTH
 County of Gila State Index No. 99
 District of _____ ORIGINAL CERTIFICATE OF BIRTH Co. Registrar's No. 121
 Town of Miami Local Registrar's No. _____
 or _____
 City of _____ (No. _____ St. _____ Ward)

FULL NAME OF CHILD Luella Louise Lyall Born YES
 If child is not named, make Supplemental Report on blank obtainable from local registrar. Alive NO

Sex of Child Female ^{Twin} ~~Triplet~~ or other } and { Number in order of birth 2 Legitimate? yes Date of Birth Nov. 2 1922
 Month Day Yr.

FATHER
 Full Name Albert Neal Lyall
 Residence Miami, Arizona
 Color or Race White Age at last Birthday 32 Years
 Birthplace Phoenix, Arizona
 Occupation Cowman

MOTHER
 Full Maiden Name Pauline Elizabeth Henderson
 Residence Miami, Arizona
 Color or Race White Age at last Birthday 28 Years
 Birthplace Globe, Arizona
 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 Nov. 2 1922 at 7 A. M.

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

Signature C. M. Crow M. D.
 Attending physician, midwife, householder.*

Given or Christian name added from a supplemental report _____ 191____

Address Miami, Arizona
B. D. Hardy by C. E. D.
 LOCAL REGISTRAR.

333-1102-785
 COUNTY REGISTRAR.

Filed 11/21 1922
 Filed 12/5 1922 A True Copy
 COUNTY REGISTRAR.

B. D. Hardy
 COUNTY REGISTRAR.