

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.

PLACE OF BIRTH

1. County of Yuma
 District of Pice
 Town of _____
 or
 City of _____ No. _____ St. _____ Ward _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 173
 Co. Registrar No. 281
 Local Registrar No. _____

2. Full name of child James Lockwood } If child is not yet named, make supplemental report, as directed

3. Sex of child Male } To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? yes 7. Date of birth 4/26/23 (Month, day, year)

8. FATHER Full name Willis Lockwood

14. MOTHER Full maiden name May Lane

9. Residence (Usual place of abode) Pice Arizona If nonresident, give place and State

15. Residence (Usual place of abode) Pice Arizona If nonresident, give place and State

10. Color or race Indian 11. Age at last birthday 20 (Years)

16. Color or race Indian 17. Age at last birthday 31 (Years)

12. Birthplace (city or place) Pice Arizona (State or country)

18. Birthplace (city or place) Pice Arizona (State or country)

13. Occupation Common Laborer Nature of industry

19. Occupation Housewife Nature of industry

20. Number of children of this mother (Taken as of time of birth of child here-in certified and including this child.) } (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at _____ m. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature May A DeWard Field Mahon (Physician or midwife)

Address Pice Arizona

Given name added from a supplemental report _____ (Month, day, year)

Filed 6-4-23, 1923 B. J. G. J. or Local Registrar.

Filed 6-5, 1923 B. J. G. J. or County Registrar.

134-426-435