

2000

NAME ADDED BY SUPPLEMENT

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 275
County Registrar No. 1403
Local Registrar No. 24

ORIGINAL RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH		1. County of <u>Maricopa</u>	
District of _____		Town of <u>Scottsdale</u>	
or _____		City of _____	
No. _____		St. _____ Ward _____	
2. Full name of child <u>Eduard George Lana</u> (If birth occurred in a hospital or institution, give its NAME instead of street and number)			
3. Sex of Child	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	5. No., in order of birth <u>yes</u>
<u>male</u>		6. Legitimate? <u>yes</u>	7. Date of birth <u>Aug. 8-1923</u>
8. FATHER		14. MOTHER	
Full name <u>Hyman Lana</u>		Full maiden name <u>Mabel Gibbons</u>	
9. Residence (Usual place of abode) <u>Scottsdale</u>		15. Residence (Usual place of abode) <u>Scottsdale</u>	
If nonresident, give place and state _____		If nonresident, give place and state _____	
10. Color or race <u>white</u>	11. Age at last birthday <u>33</u> (Years)	16. Color or race <u>white</u>	17. Age at last birthday <u>27</u> (Years)
12. Birthplace (city or place) <u>Apache Co. Ariz.</u>	(State or country)	18. Birthplace (city or place) <u>Apache Co. Ariz.</u>	(State or country)
13. Occupation <u>Rancher</u>	Nature of industry	19. Occupation <u>Housewife</u>	Nature of industry
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)		21. Were precautions taken against ophthalmia neonatorum?	
(a) Born alive and now living <u>2</u>		<u>yes</u>	
(b) Born alive but now dead <u>0</u>			
(c) Stillborn <u>0</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7:5 AM on the date above stated. (Born alive or stillborn.)

Signature V. J. Strain (Physician or midwife)
Address Scottsdale Ariz.

Given name added from a supplemental report _____ Filed 9-7-1923 _____
Month, day, year. _____
Registrar. _____ County Registrar.

541-808-472