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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
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.

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

PLACE OF BIRTH  
1. County of Delona  
District of Payson  
Town of \_\_\_\_\_  
or \_\_\_\_\_  
City of \_\_\_\_\_

State Index No. 113  
County Registrar No. 647  
Local Registrar No. 48

2. Full name of child Erlyen May Lezear (if birth occurred in a hospital or institution, give its NAME instead of street and number)  
No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 6. Legitimate? yes  
5. No., in order of birth 1st 7. Date of birth Oct 1 1923  
Month Day Year

8. FATHER  
Full name Joseph Lezear  
9. Residence (Usual place of abode) Payson Ariz  
If nonresident, give place and state \_\_\_\_\_  
10. Color or race White  
11. Age at last birthday 27 (Years)  
12. Birthplace (city or place) Pine Ariz  
(State or country)  
13. Occupation Farmer  
Nature of industry

14. MOTHER  
Full maiden name Dollie Ryland  
15. Residence (Usual place of abode) Payson Ariz  
If nonresident, give place and state \_\_\_\_\_  
16. Color or race White  
17. Age at last birthday 21 (Years)  
18. Birthplace (city or place) Payson Ariz  
(State or country)  
19. Occupation H.V.  
Nature of industry

20. Number of children of this mother (a) Born alive and now living 1  
(Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead 0  
(c) Stillborn 0  
21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE  
I hereby certify that I attended the birth of this child, who was born alive at 1:30 P.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 C. H. Messer M.D.  
Address Payson Ariz (Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year. \_\_\_\_\_  
Registrar. \_\_\_\_\_  
Filed Oct 31 1923 Jay T. Vann Local Registrar.  
Filed 11-5 1923 T. J. Gray County Registrar.

539-1001-493