

1855

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

PLACE OF BIRTH
1. County of Gila
District of _____
Town of Miami
or
City of _____ No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

State Index No. 152
County Registrar No. 4
Local Registrar No. _____

2. Full name of child John William Lyman
3. Sex of Child Male
4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? Yes
7. Date of birth Nov-13-1923
Month day year

8. FATHER Full name <u>George A. Lyman</u> 9. Residence (Usual place of abode) <u>Miami Ariz.</u> 10. Color or race <u>white</u> 11. Age at last birthday <u>52</u> (Years)		14. MOTHER Full maiden name <u>Mabel Olson</u> 15. Residence (Usual place of abode) <u>Miami Ariz.</u> 16. Color or race <u>white</u> 17. Age at last birthday <u>31</u> (Years)	
12. Birthplace (city or place) <u>Mich</u> (State or country)		18. Birthplace (city or place) <u>Mich</u> (State or country)	
13. Occupation <u>mechanic</u> Nature of industry <u>(automobile)</u>		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.)
(a) Born alive and now living 5
(b) Born alive but now dead 1
(c) Stillborn none

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 8 A.M. on the date above stated.
(Born alive or stillborn.)

Signature J. H. Slaughter
(Physician or midwife)
Address Miami Ariz.
Filed Jan 31 1924 Local Registrar. J. E. Irvine
Filed 2/3 1924 County Registrar. B. H. Dix

Registrar. _____
Month, day, year.

135-1113-465