

the number of each, in order of birth stated.

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

1. County of Globe District of Globe Town of _____ or Globe City of _____
 2. Full name of child Woris Mae Lund (If birth occurred in a hospital or institution give its NAME instead of street and number)
 3. Sex of Child 7 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 Jan 7 1924 (If child is not yet named, make supplemental report, as directed.)
 8. FATHER Full name Carl Lund 9. Residence (Usual place of abode) Duncan addition Globe If nonresident, give place and state _____
 10. Color or race white 11. Age at last birthday 28 (Years) 12. Birthplace (city or place) Denver Col (State or country) _____
 13. Occupation mechanic Nature of industry _____
 14. MOTHER Full maiden name Laurie Hummer 15. Residence (Usual place of abode) Duncan addition Globe If nonresident, give place and state _____
 16. Color or race white 17. Age at last birthday 23 (Years) 18. Birthplace (city or place) Livingston Ariz (State or country) _____
 19. Occupation Housewife 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 _____ (b) Born alive but now dead _____ (c) Stillborn _____ 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 _____ 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 [Signature] Address Globe Ariz
 Given name added from a supplemental report _____ Month, day, year. _____
 Registrar. _____
 Filed Jan 10 1924 [Signature] _____
 Filed 2/5 1924 [Signature] _____
 Registrar. _____
 County Registrar. _____

4134-107-389