

2111

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila
District of _____
Town of Hayden
or _____
City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 134
County Registrar No. 289
Local Registrar No. 14

2. Full name of child Howard Russell Lillebrand
(If birth occurred in a hospital or institution, give its NAME instead of street and number) | 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 April 10 Month April day 10 year 1924

8. FATHER Full name Circhic Herbert Lillebrand

14. MOTHER Full maiden name Hazel Sophonia Ross

9. Residence (Usual place of abode) Hayden
If nonresident, give place and state _____

15. Residence (Usual place of abode) Hayden
If nonresident, give place and state _____

10. Color or race white 11. Age at last birthday 31 (Years)

16. Color or race white 17. Age at last birthday 24 (Years)

12. Birthplace (city or place) Hopkinton
(State or country) Kentucky

18. Birthplace (city or place) Tonata
(State or country) Ok.

13. Occupation Nature of industry Engineer

19. Occupation Nature of industry Home wife

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 3 (b) Born alive but now dead 1 (c) ~~Stillborn~~ 1 dead

21. Were precautions taken against ophthalmia neonatorum? _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3:45 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 evidences of life after birth.
Signature Frank P. Micalan
Address Hayden, Ariz.
(Physician or midwife)

Given name added from a supplemental report _____
Month, day, year. Filed April 12 1924 Filed 5-7 1924
Registrar. _____ Local Registrar. (S. J. S. J.)
County Registrar. _____

874-410-892

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.