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MAKED IN RESERVE FOR BINDING
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

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

State Index No. 164
County Registrar No. 662
Local Registrar No. _____

2. Full name of child Douglas Lack Jr.
(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, tripl. or other. _____ 5. No., in order of birth. _____ 6. Legitimate? yes 7. Date of birth Aug. 23-24
Month day year

8. FATHER
Full name Douglas Lack
9. Residence (Usual place of abode) Globe
If nonresident, give place and state Ariz.
10. Color or race white
11. Age at last birthday 25 (Years)

14. MOTHER
Full maiden name Lydia Rebecca Osterburn
15. Residence (Usual place of abode) Globe
If nonresident, give place and state Ariz.
16. Color or race white
17. Age at last birthday 18 (Years)

12. Birthplace (city or place) Millsap
(State or country) Texas
13. Occupation
Nature of industry Mechanic.

18. Birthplace (city or place) El Paso
(State or country) Texas
19. Occupation
Nature of industry Housewife.

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 1
(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 12:05 P. 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.
Given name added from a supplemental report _____

Signature C. Williams
Address Globe Ariz.
Month, day, year. _____
Filed 8-25, 1924 Ray Gray
Local Registrar.
Filed 9-5, 1924 Ray Gray
County Registrar.

432-823-315