

2116

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Pima

District of _____

Town of Young

or

City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 153

County Registrar No. 737

Local Registrar No. _____

No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Lorean Emma Saunders 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. 5. No., in order of birth. 6. Legitimate? yes 7. Date of birth Sept. 19, 1924
Month Day Year

8. FATHER
Full name Wm. Lester Saunders

14. MOTHER
Full maiden name Mary Jane Glaspie

9. Residence (Usual place of abode) Young Ariz
If nonresident, give place and state

15. Residence (Usual place of abode) Young Ariz
If nonresident, give place and state

10. Color or race White

11. Age at last birthday 60 (Years)

16. Color or race White

17. Age at last birthday 32 (Years)

12. Birthplace (city or place) (State or country) Blanco Co. Tex

18. Birthplace (city or place) (State or country) Graham Co Ariz

13. Occupation (Nature of industry) Trapper

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 nine (b) Born alive but now dead two (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 _____ (Born alive or stillborn.) at 11:00 m. on the date above stated.

*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 Mrs Alice Glascock (Physician or midwife)

Address Young Arizona

Given name added from a supplemental report _____ Month, day, year.

Filed 9/23 1924 Ola Young Local Registrar.

Filed 9-27 1924 B. J. [unclear] County Registrar.

Registrar.

County Registrar.

322-99-415

in order of birth stated.