

**ARIZONA STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**STANDARD CERTIFICATE OF BIRTH**

State File No. 186  
 Registered No. 264

1. PLACE OF BIRTH

County Esch State \_\_\_\_\_

District or Township \_\_\_\_\_ or Village \_\_\_\_\_

City Esobe No. 605 South 2nd St. Ward \_\_\_\_\_  
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Marjorie Lou Lambertsen (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 Oct-21-1925  
 Month Day Year

8. FATHER  
 Full name Pete M. Lambertsen

14. MOTHER  
 Full maiden name Elsie N. Larson

9. Residence (Usual place of abode) Esobe Ariz  
 If non-resident, give place and state.

15. Residence (Usual place of abode) Esobe Ariz  
 If non-resident, give place and state.

10. Color or race White

11. Age at last birthday 42 (Years)

16. Color or race White

17. Age at last birthday 29 (Years)

12. Birthplace (city or place) Denmark  
 (State or country)

18. Birthplace (city or place) Leadville Colo  
 (State or country)

13. Occupation Automobile mechanic  
 Nature of Industry

19. Occupation House wife  
 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 None  
 (b) Born alive but now dead None  
 (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 7:50 p. 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 E. J. Jotelman  
Meams Ariz  
 (Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_ Address \_\_\_\_\_  
 Month, day, year \_\_\_\_\_

Registrar \_\_\_\_\_ Filed 10/31 1925 W. W. North Registrar

435-1021-535

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Each, and every, child at a birth, a SEPARATE RETURN must be made for each, in the number of birth stated.