

SUPPLEMENT ATTACHED

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 357
Registered No. 835

1. PLACE OF BIRTH

County Maricopa State Arizona

District or Township _____ or Village _____

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

2. Full name of child Lawrence Macrae Bailey (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 _____ 6. Legitimate? yes 7. Date of birth Dec. 17, 1975
Month Day Year

8. FATHER Full name Stuart M Bailey

9. Residence (Usual place of abode) 16 W. Maryland St
If non-resident, give place and state.

10. Color or race white 11. Age at last birthday 40 (Years)

12. Birthplace (city or place) Clarksville
(State or country) Tenn.

13. Occupation Public accountant.
Nature of industry

14. MOTHER Full maiden name Audrey Lawrence

15. Residence (Usual place of abode) 16 W. Maryland St.
If non-resident, give place and state.

16. Color or race white. 17. Age at last birthday 32 (Years)

18. Birthplace (city or place) Wellington
(State or country) Kansas

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 1
(b) Born alive but now dead 0
(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum? yes
Agm. 38 Hotel

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at _____ p.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 Ardis Byrd _____
(Physician or Midwife)

Given name added from a supplemental report _____
Month, day, year _____
Address _____
Registrar Ardis Byrd Filed 12/19, 1975

order of birth stated.

328-1217-135