

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

State File No. 122

Registered No. \_\_\_\_\_

**1. PLACE OF BIRTH**

County Gila State Ariz  
 District or Township \_\_\_\_\_ or Village Payson  
 City Payson No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Lawrence Russell Lordady { 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 2nd 6. Legitimate? Yes 7. Date of birth 3-2-1926  
 Month Day Year

8. FATHER Full name Walter Lordady

14. MOTHER Full maiden name Belle Russell

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

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

10. Color or race White 11. Age at last birthday 34 (Years)

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

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

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

13. Occupation Nature of Industry Clerk

19. Occupation Nature of Industry Housewife

20. Number of children of this mother 2  
 (Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 2  
 (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 3:20 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 E. H. Rissen  
(Physician or midwife).

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

Address Payson Ariz

Filed 3/26, 1926 E. H. Rissen  
 Registrar

N. E. - in case of more than one child - in order of birth stated.

RECEIVED

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