

affidavit attached

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

685
785

1. County of Yuma
District of Yuma
Town of Yuma
or
City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. _____
County Registrar No. _____
Local Registrar No. 257

2. Full name of child Lillian Irene Nelson (If child is not yet named, make supplemental report, as directed.)
No. _____ (If birth occurred in a hospital or institution, give its NAME instead of street and number) St. _____ Ward _____

3. Sex of Child Female To be answered ONLY in event of plural births. } 4. Twin, triple, or other _____ } 6. Legitimate? yes } 7. Date of birth 12, 31, 26
Month Day Year

8. FATHER
Full name Lee Nelson

14. MOTHER
Full maiden name Irene White

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

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

10. Color of race white

11. Age at last birthday 25 (Years)

16. Color of race white

17. Age at last birthday 20 (Years)

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

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

13. Occupation
Nature of industry Bell hop

19. Occupation
Nature of industry Hw.

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 —
(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 at 8:07 m. on the date above stated

Signature W. C. Carr (Physician or midwife).
Address Yuma

Given name added from a supplemental report _____
Month, day, year _____
Registrar _____
Filed Dec. 31, 1926 H. W. Johnson Deputy Local Registrar.
County Registrar.

355-1231-465

N. B.—In case of more than one child at a birth, a separate certificate of birth should be filed for each child.