ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 100

County Registrar No. .....

Local Registrar No. .....

PLACE OF BIRTH

1. County of Gila

District of Young

Town of .....

or

City of ..... No. ..... St. ..... Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Lillian Lorene Sanders — 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 Jan. 5 1928 (Month day year)

8. FATHER

Full name Malcolm Martin Sanders

9. Residence (Usual place of abode) Young

If nonresident, give place and state Ariz.

10. Color or race: White

11. Age at last birthday 23 (Years)

12. Birthplace (city or place) Hachita

(State or country) New Mex

13. Occupation Laborer

Nature of industry

14. MOTHER

Full maiden name Blanche Evelyn Clark

15. Residence (Usual place of abode) Young Ariz.

If nonresident, give place and state

16. Color or race: White

17. Age at last birthday 27 (Years)

18. Birthplace (city or place) .....

(State or country) New Mexico

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 7

(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 alive (Born alive or stillborn.) at 4 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 evidences of life after birth.

Signature Mrs. Viola M. Sides (Physician or midwife)

Address Young Arizona

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

Filed Jan 7, 1928 Ola Young Local Registrar

322-105-232 Registrar.

Filed ....., 19.. ..... County Registrar.