

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

State File No. 1800
 Registered No. 224

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township _____ or Village _____
 City Miami No. Miami Hosp. Hospital Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Donald Harvey Lansing (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 _____ }
 6. Legitimate? yes }
 7. Date of birth May 27-1928
 Month Day Year

8. FATHER
 Full name Willis Orson Lansing
 9. Residence (Usual place of abode) Miami, Arizona
 If non-resident, give place and state.

10. Color or race Cauc.
 11. Age at last birthday 28 (Years)

12. Birthplace (city or place) Des Moines, Iowa
 (State or country)

13. Occupation Operator at crusher
 Nature of industry Miami Copper Co.

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 _____
 (b) Born alive but now dead _____
 (c) Stillborn _____

14. MOTHER
 Full maiden name Nina Johnson

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

16. Color or race Cauc.
 17. Age at last birthday 21 (Years)

18. Birthplace (city or place) Dexter, New Mex.
 (State or country)

19. Occupation _____
 Nature of industry Housewife

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 10:30 A. 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 Byril M. Brown M.D.
 Physician
 (Physician or midwife)

Given name added from _____
 a supplemental report. _____
 Address Miami, Arizona

Month, day, year _____
 Filed May 30 1928
 Registrar. W. G. Dwyer Registrar.

437-527-55