

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

State File No. 127
 Registered No. 143

1. PLACE OF BIRTH

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

2. Full name of child Burrell James Lann, Jr. (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
 5. No., in order of birth _____ 7. Date of birth Aug. 13, 1928
 Month Day Year

8. FATHER Full name Burrell James Lann

14. MOTHER Full maiden name Elinor Wilson

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

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

10. Color or race White 11. Age at last birthday 21 (Years)

16. Color or race White 17. Age at last birthday 23 (Years)

12. Birthplace (city or place) Roosevelt, Ariz.
 (State or country)

18. Birthplace (city or place) Topeka, Kans.
 (State or country)

13. Occupation Rancher
 Nature of industry

19. Occupation Housewife
 Nature of industry

20. Number of children of this mother 1
 (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.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2:30 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 T. C. Harper

(Physician or midwife).

Given name added from a supplemental report _____ Address Globe, Ariz.

Month, day, year _____ Filled 9/13, 1928 by E. E. Wightman
 Registrar Registrar

235-813-565

MARGIN RESERVED FOR BINDING
 WRITE IN INK ONLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 OFFICE OF VITAL STATISTICS