

one of each in

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 191

Registered No. _____

1. PLACE OF BIRTH

County Gila State Arizona

District or Township San Carlos or Village _____

City _____ No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Mary Lannon } If child is not yet named, make supplemental report, as directed.

3. Sex of Child <u>female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other.....	5. No., in order of birth.....	6. Legitimate? <u>yes</u>	7. Date of birth <u>10 / 26 / 28</u> Month Day Year
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8. FATHER
Full name Joseph Lannon

14. MOTHER
Full maiden name Adeline Lang

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

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

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

16. Color or race White
17. Age at last birthday 28 (Years)

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

18. Birthplace (city or state) Philadelphia,
(State or country) Pa.

13. Occupation
Nature of industry Stationary Engineer

19. Occupation
Nature of industry Housewife

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..... <u>2</u>	(b) Born alive but now dead..... <u>0</u>	(c) Stillborn..... <u>0</u>	21. Were precautions taken against ophthalmia neonatorum. <u>yes</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was born alive at I 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 C.H. Sawyer M.D.

(Physician or midwife).

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

Month, day, year

Filed _____ 19 _____ C.H. Sawyer.

Registrar.

Registrar.

435-1026-137

WRITE PLAINLY WITH UNFADING INK—THIS order of birth stated.
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made.