

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 161

Registered No. 564

1. PLACE OF BIRTH

County..... State.....
 District or Township..... 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 Wilson Edwin Lammson } If child is not yet named, make supplemental report, as directed.

3. Sex of Child M. To be answered ONLY in event of plural births. } 4. Twin, triplet or other..... } 6. Legitimate? Yes } 7. Date of birth 12 21 28
 5. No., in order of birth..... } Month Day Year

8. FATHER
 Full name Robert Lee Lammson

14. MOTHER
 Full maiden name Fern Jackson

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

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 If non-resident, give place and state.

10. Color or race W. Amer.
 11. Age at last birthday 25 (Years)

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

12. Birthplace (city or place) Miami, Fla.
 (State or country) Fla.

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

13. Occupation
 Nature of industry Wrecker

19. Occupation
 Nature of industry H.A.

20. Number of children of this mother 2 } (a) Born alive and now living 2
 (Taken as of time of birth of child herein } (b) Born alive but now dead.....
 certified and including this child.) } (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 at 4:20 P.M. on the date above stated.
 (Born alive or stillborn)

Signature C. A. Perkins
 (Physician or midwife)

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

Filed Jan 10 29 19 26 E. J. J. J.
 Registrar. Registrar.

575-1221-615