

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 490  
Registered No. 151

1. PLACE OF BIRTH

County Maricopa State Arizona  
District or Township \_\_\_\_\_  
City Phoenix No. 1516 Washington St. \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Lillian Eunice Lindsay (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 \_\_\_\_\_ 6. Legitimate? \_\_\_\_\_  
5. No., in order of birth \_\_\_\_\_ 7. Date of birth Jan. 29, 1929  
Month Day Year

8. FATHER  
Full name J. M. Lindsay  
9. Residence (Usual place of abode) 1615 E. Wash  
If non-resident, give place and state.  
10. Color or race white  
11. Age at last birthday 46 (Years)  
12. Birthplace (city or place) Virginia  
(State or country)  
13. Occupation  
Nature of industry Plumber

14. MOTHER  
Full maiden name Orsena Gordon  
15. Residence (Usual place of abode) Same  
If non-resident, give place and state.  
16. Color or race white  
17. Age at last birthday 35 (Years)  
18. Birthplace (city or state) Kansas  
(State or country)  
19. Occupation  
Nature of industry Housewife

20. Number of children of this mother 6 (a) Born alive and now living \_\_\_\_\_  
(Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead \_\_\_\_\_  
(c) Stillborn \_\_\_\_\_ 21. Were precautions taken against ophthalmia neonatorum. \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at 10 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. E. McCall  
(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_ Address Phoenix  
Month, day, year \_\_\_\_\_

338 - 129 - 675 Registrar. Filed \_\_\_\_\_, 19 \_\_\_\_\_ Registrar.