

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

State File No. 180  
Registered No. 92

1. PLACE OF BIRTH

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

2. Full name of child James Frederic Lawson { 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 Feb 24 1929  
Month Day Year

8. FATHER  
Full name James Frederic Lawson  
9. Residence 411 Indian Ave  
(Usual place of abode) Miami, Arizona  
If non-resident, give place and state.

14. MOTHER  
Full maiden name Matilda Shrum Beam  
15. Residence 411 Indian Ave,  
(Usual place of abode) Miami, Arizona  
If non-resident, give place and state.

10. Color or race White  
11. Age at last birthday 39 (Years)

16. Color or race White  
17. Age at last birthday 32 (Years)

12. Birthplace (city or place) \_\_\_\_\_  
(State or country) Canada

13. Birthplace (city or place) Latrobe  
(State or country) Pennsylvania

13. Occupation Diamond driller  
Nature of industry Copper mining

19. Occupation Housewife  
Nature of industry \_\_\_\_\_

20. Number of children of this mother 2  
(Taken as of time of birth of child herein certified and including this child.)  
(a) Born alive and now living 2  
(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 alive at 1:16 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 J. J. Miller  
(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year \_\_\_\_\_  
Address Miami, Arizona  
Filed Feb 1 1929 C. E. Drury  
Registrar. Registrar.

135-224-424