156

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 372

Registered No.

1. PLACE OF BIRTH

County Gila State Arizona

District or Township or Village

City Miami No. 4070 B. Mill St. St., Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Lawrence Melvin Christensen (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 X | 5. No., in order of birth | 6. Legitimate? Yes | 7. Date of birth 8 - 6 - 29 (Month Day Year)

8. FATHER

Full name Marinus Christensen

9. Residence Miami (Usual place of abode)

If non-resident, give place and state. Ariz

10. Color or race Danish | 11. Age at last birthday 50 (Years)

12. Birthplace (city or place) Denmark (State or country)

13. Occupation Miner

Nature of industry Copper Mining

14. MOTHER

Full maiden name Ozona Stinson

15. Residence Miami (Usual place of abode)

If non-resident, give place and state. Ariz

16. Color or race Caucasian | 17. Age at last birthday 36 (Years)

18. Birthplace (city or place) Louisburg (State or country) Kentucky

19. Occupation Housewife

Nature of industry —

20. [illegible] of children of this mother 4 (To [illegible] time of birth of child herein [illegible] including this child.)

(a) Born alive and now living 0

(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 [illegible] that I attended the birth of this child, who was Born alive at 11:50 p.m. on the date above stated. (Born alive or stillborn)

[illegible] were was no attending physician or [illegible], 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 L A Lane

Physician (Physician or midwife).

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

Address M. I. Hospital Miami Ariz

Filed Aug 15, 1929 C. E. Irvin Registrar

Registrar

335-806-925

[illegible] ONE CHILD AT A BIRTH, a SEPARATE RETURN must be made for each, and the number of each order of birth stated.