

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

State File No. 163  
 Registered No. 197

**1. PLACE OF BIRTH**

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

2. Full name of child Rosemary Lann (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? yes 7. Date of birth Oct. 24, 1929  
 5. No., in order of birth \_\_\_\_\_ Month Day Year

8. FATHER  
 Full name Burrell James Lann  
 9. Residence (Usual place of abode) Roosevelt Ariz  
 If non-resident, give place and state.

14. MOTHER  
 Full maiden name Elinor Wilson  
 15. Residence (Usual place of abode) Roosevelt Ariz  
 If non-resident, give place and state.

10. Color or race white  
 11. Age at last birthday 12 (Years)

10. Color or race white  
 17. Age at last birthday 25 (Years)

12. Birthplace (city or place) Roosevelt Ariz  
 (State or country)

18. Birthplace (city or place) Topeka Kans  
 (State or country)

13. Occupation Cattleman  
 Nature of industry

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 born alive at 1:50 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. C. Harper  
 (Physician or midwife.)

Given name added from a supplemental report \_\_\_\_\_ Address Globe, Arizona

Month, day, year \_\_\_\_\_ Filed Nov 9 1929 E. E. Wightman  
 Registrar Registrar

935-1024-565