

284

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

County of Graham
District of Safford
Town of Safford
or
City of _____

BUREAU OF VITAL STATISTICS

State Index No. 302

ORIGINAL CERTIFICATE OF BIRTH

Co. Registrar No. 59

Local Registrar's No. 68

(No. _____ St. _____ Ward)

FULL NAME OF CHILD Irene Lilly { Born YES
If child is not named, make Supplemental Report on blank obtainable from local registrar. { Alive NO

Sex of Child Female Twin, Triplet or other _____ { and } Number in order of birth _____ Legitimate? Yes Date of Birth May 26 1922
(Month) (Day) (Yr.)

FATHER
Full Name Wallace Lilly
Residence Safford
Color or Race White Age at last Birthday 30 (Years)
Birthplace Calo.
Occupation Labourer

MOTHER
Full Maiden Name Pauline Copelan
Residence Safford
Color or Race White Age at last Birthday 27 (Years)
Birthplace Utah
Occupation Housewife

Number of Child of this mother 4 Number of children of this mother now living 4 Were precautions taken against Ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child, and that it occurred on May 26 1922, at 6 A.M.

*When there is no attending physician or midwife, then the householder should make this return.

(Signature) Maud Ballison
(Attending physician, midwife, householder.)*

Given or Christian name added from a _____ Address Safford

Supplemental report _____ 1922 Filed 4-5 1922, Alma Burns
LOCAL REGISTRAR.

938-326-735 Filed 4/10 1922 A True Copy J. N. Holt
COUNTY REGISTRAR. COUNTY REGISTRAR.