

PLACE OF BIRTH
 County of Cochise ARIZONA STATE BOARD OF HEALTH
 District of Warren BUREAU OF VITAL STATISTICS State Index No. _____
 Town of _____ ORIGINAL CERTIFICATE OF BIRTH Co. Register No. _____
 or _____ (No. Copper Queen Hospital) Local Registrar's No. _____
 City of Bisbee Ward _____

FULL NAME OF CHILD Lloyd David Truscott { Born } YES
 If child is not named, make Supplemental Report on blank obtainable from local registrar. { Alive } ~~NO~~

Sex of Child Male Twin/Triplet or other _____ } and } Number in order of birth 2 Legitimate? yes Date of Birth Dec. 14 1918
 (Month) (Day) (Yr.)

FATHER
 Full Name David Truscott
 Residence School Hill - Bisbee Ariz.
 Color or Race White Age at last Birthday 29 (Years)
 Birthplace Australia
 Occupation Miner

MOTHER
 Full Maiden Name Arbell Scow
 Residence School Hill - Bisbee Ariz.
 Color or Race White Age at last Birthday 23 (Years)
 Birthplace Mid Pleasant Utah
 Occupation Housewife

Number of child of this mother 2 Number of Children, of this mother, now living 1 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 _____ 191____, at _____ M.

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

(Signature) W. H. Bryan
 (Attending physician, midwife, householder.*)

Given or Christian name added from a

Address Bisbee

Supplemental report _____ 191____

Filed Jan 2 1919

D. S. Brown
 LOCAL REGISTRAR

333-1214-126
 COUNTY REGISTRAR.

Filed Jan 2 1918 A True Copy

C. H. B. ...
 COUNTY REGISTRAR.