

4745

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

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

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 178
Co. Register No. 25
Local Registrar's No. 21

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

Sex of Child Female } and } Number in order of birth } Legitimate? Yes } Date of Birth Jan 31 1918
(Month) (Day) (Yr.)

FATHER
Full Name Hallard Lilly
Residence Safford
Color or Race White Age at last Birthday 29 (Years)
Birthplace West Virginia
Occupation Farmer

MOTHER
Full Maiden Name Pauline Coplan
Residence Safford
Color or Race White Age at last Birthday 23 (Years)
Birthplace Beaver City Utah
Occupation Housewife

Number of child of this mother... 3 Number of children, of this mother, now living... 3 Were precautions taken against Ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on Jan 31 1918, at 3 A. M.
{ *When there is no attending physician or midwife, then the householder should make this return. }
(Signature) Maud Callison D.
(Attending physician, midwife, householder.*)

Given or christian name added from a supplemental report.....191.....
438-121-137
COUNTY REGISTRAR.

Address Safford, Ariz
W. W. Throp
LOCAL REGISTRAR.
A True Copy
Filed 1/31 1918
J. N. Stratton
COUNTY REGISTRAR. H