

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

Child's name added by supplement of ✓

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Mazuma  
District of Chandler Mesa  
Town of Libert  
or

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 400  
Co. Registrar No. \_\_\_\_\_  
Local Registrar No. 258

City of \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward) \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Beverly Jean Lines } 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 9-25-26 (Month, day, year)

8. FATHER Full name Elwin Stanley Lines  
9. Residence (Usual place of abode) Libert If nonresident, give place and State Ariz  
10. Color or race white  
11. Age at last birthday 35 (Years)  
12. Birthplace (city or place) (State or country) Colorado  
13. Occupation farmer  
Nature of Industry \_\_\_\_\_

14. MOTHER Full maiden name Lula Lorena Rust  
15. Residence (Usual place of abode) Libert If nonresident, give place and State Ariz  
16. Color or race white  
17. Age at last birthday 24 (Years)  
18. Birthplace (city or place) (State or country) Mexico  
19. Occupation housewife  
Nature of Industry \_\_\_\_\_

20. Number of children of this mother (Taken as of time of birth of child here-in certified and including this child.) } (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 3:25 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 Dr. Measert Jordan (Physician or midwife)

Address Chandler Ariz

Given name added from a supplemental report \_\_\_\_\_ (Month, day, year)

Filed Oct 3, 1926 J. A. Ollata Local Registrar.

Filed \_\_\_\_\_, 19\_\_\_\_ County Registrar.

Registrar.

232-925-393