

THIS CERTIFICATE MUST BE FORWARDED BY THE LOCAL REGISTRAR TO THE STATE BOARD OF HEALTH, SALT LAKE CITY, ON OR BEFORE THE 5TH OF THE FOLLOWING MONTH, AFTER FIRST HAVING BEEN PROMPTLY REGISTERED.

STATE BOARD OF HEALTH FILE NO. 18624

CERTIFICATE OF BIRTH, STATE OF UTAH.

PLACE OF BIRTH
County of Boilder

Precinct of Brigham

Town or Village of

City of Brigham

Street and No.

If in Hospital or other Institution, give its name instead of Street and number.

FULL NAME OF CHILD Lawrence La Grande Horsley (Horsley)
If child is not named, make supplemental report as directed

Sex of Child Male Twin, Triplet, or Other? Single and { Number In Order of Birth 1 Legitimate? yes Date of Birth Feb. 2, 1910
[Month] [Day] [Year]

FATHER
FULL NAME Lawrence Horsley

MOTHER
FULL MAIDEN NAME Sarah Elizabeth Harding (SARAH) (HARDING)

RESIDENCE Brigham

RESIDENCE Brigham

COLOR White AGE AT LAST BIRTHDAY 38
[Years]

COLOR White AGE AT LAST BIRTHDAY 31
[Years]

BIRTHPLACE Brigham

BIRTHPLACE Preleard

OCCUPATION Merchant

OCCUPATION Housewife

Number of Child of this Mother 1

Number of children of this Mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, and that it occurred on Feb 2 1910 at 11:30 A.M.

Premature no or Still Birth? no (Yes or No)

{ *When there was no attending physician or midwife, then the father, householder, etc., should make this return. }

[Signature] J. Dwight Harding

Date March 30 1910

[Physician or Midwife]

Give name added from supplemental report

Address of Physician or Midwife Brigham

Filed April 8 1910

R. A. Pearce
REGISTRAR.

Registered No. 50

REGISTRAR.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

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. SEE INSTRUCTIONS ON OTHER SIDE.