

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 122
County Registrar No. _____
Local Registrar No. 39

PLACE OF BIRTH
1. County of Gila
District of _____
Town of Hayden
or _____
City of _____

2. Full name of child Byron Edwin Syms
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 6. Legitimate? Yes
7. Date of birth May 1 1927
Month Day Year

8. FATHER
Full name Byron Syms
9. Residence Hayden
(Usual place of abode)
If non-resident, give place and state.

14. MOTHER
Full maiden name Ruby Holt Strait
15. Residence Hayden
(Usual place of abode)
If non-resident, give place and state.

10. Color or race White
11. Age at last birthday 25 (Years)

16. Color or race White
17. Age at last birthday 18 (Years)

12. Birthplace (city or place) Abilene Tex
(State or country)

18. Birthplace (city or place) Rosevoh Ariz
(State or country)

13. Occupation Miner
Nature of industry

19. Occupation House wife
Nature of industry

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 1
(b) Born alive but now dead _____
(c) Stillborn _____

21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ A. m. on the date above stated

* 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 Charles H. Strait, M.D. (Physician or midwife)
Address Hayden

Given name added from a supplemental report _____
Month, day, year _____ Filed May 4 1927 W. D. Nash Local Registrar.

Registrar _____ Filed _____ 19 _____ County Registrar.

232-501-923

BEGIN K-SERIAL FOR BANDING
 WRITE PL. 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.