

AMENDMENT ATTACHED

ARIZONA STATE BOARD OF HEALTH

PLACE OF BIRTH
County of Gila
City of Globe
Street of Copper Hill
or W. Be.
of W. Be.

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 120
County Registrar No. 162
Local Registrar No. _____

Full name of child Letha Elizabeth Bryant
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
Sex of Child F } To be answered ONLY in event of plural births.
4. Twin, triplet or other. _____ 6. Legitimate? Yes
5. No. in order of birth. _____ 7. Date of birth Aug-2-1927
Month day year

FATHER
Full name Theodore Francis Bryant
Residence (Usual place of abode) Copper Hill
If nonresident, give place and state _____
Color or race White
11. Age at last birthday 27 (Years)
Birthplace (city or place) Lead
(State or country) So Dak
Occupation Mining
Nature of industry Mechanic

MOTHER
Full maiden name Mary Lewis
Residence (Usual place of abode) Copper Hill
If nonresident, give place and state Ariz.
Color or race White
17. Age at last birthday 22 (Years)
Birthplace (city or place) Globe
(State or country) Ariz.
Occupation Housewife
Nature of industry _____

Number of children of this mother (a) Born alive and now living 1
as of time of birth of child here (b) Born alive but now dead 0
died and including this child. (c) Stillborn 0
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 11:55 A.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 one that neither breathes nor shows other evidences of life after birth.
Signature W. H. Horst
Address Globe
Month, day, year. _____
Filed 8-31-27 Local Registrar _____

Registrar. _____ Filed _____ 19____
County Registrar. _____

323-802-432