

SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH

1. County of Sila
District of _____
Town of _____
or
City of Globe

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 172
County Registrar No. _____
Local Registrar No. 227

2. Full name of child Clair Paul Bayer (If birth occurred in a hospital or institution, give its NAME instead of street and number)
3. Sex of Child _____ 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? Yes 7. Date of birth 10-29-1927 (If child is not yet named, make supplemental report, as directed.)
Month day year

FATHER
8. Full name John Bayer
9. Residence (Usual place of abode) Globe, Arizona
If nonresident, give place and state
10. Color or race white
11. Age at last birthday 34 (Years)
12. Birthplace (city or place) Philadelphia Pa.
(State or country)
13. Occupation Laundryman
Nature of industry

MOTHER
14. Full maiden name Lucy Chutter
15. Residence (Usual place of abode) Globe, Arizona
If nonresident, give place and state
16. Color or race white
17. Age at last birthday 32 (Years)
18. Birthplace (city or place) Cumberland Md.
(State or country)
19. Occupation Housewife
Nature of industry

20. Number of children of this mother (a) Born alive and now living 0
(Taken as of time of birth of child hereon certified and including this child.) (b) Born alive but now dead 0
(c) Stillborn 1
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 stillborn at 11:00 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 is one that neither breathes nor shows other evidences of life after birth.
Signature T.C. Harper (Physician or midwife)
Address Globe, Arizona

Given name added from supplemental report _____
Month, day, year. Filed 10-31-27 M. M. Horst Local Registrar.

Registrar. _____ Filed _____ County Registrar.

329-1029-339