

CERTIFICATE AMENDED
SEE NOTATION

Item 2A Cov. by Off. of registrant and insurance
Papers. (E-6-64.0ms)
ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 183
Registered No. 371

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 3005 Latham Blvd. St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child These Class Westley Lay } If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY in event of plural births. } 4. Twin, triplet or other. _____ } 5. No., in order of birth _____ } 6. Legitimate yes } 7. Date of birth May 23-1930
Month Day Year

8. FATHER
Full name Earl Newton Lay
9. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state. Arizona
10. Color or race Cauc.
11. Age at last birthday 32 (Years)
12. Birthplace (city or place) Livingstone, Mont.
(State or country)
13. Occupation
Nature of Industry Mining

14. MOTHER
Full maiden name Gertrude Glendenning
15. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state. Arizona
16. Color or race Cauc.
17. Age at last birthday 18 (Years)
18. Birthplace (city or place) Moundsville, West Va.
(State or country)
19. Occupation
Nature of Industry Housewife

20. Number of children of this mother. 2 } (a) Born alive and now living. 1
(Taken as of time of birth of child herein certified and including this child.) } (b) Born alive but now dead. 0
} (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 born alive at 8:50 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 Cyril M. Brown, M.D.
(Physician or midwife)

Given name added from a supplement report _____
Month, day, year _____ Address Miami, Arizona
Filed June 1, 1930 Registrar J. E. [Signature]

738-523-477