

SUPPLEMENT ATTACHED

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 2316a
Registered No. 244

1. PLACE OF BIRTH

County Graham State Arizona

District or Township Safford or Village

City Safford No. St. Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)
If child is not yet named, make supplemental report, as directed.

2. Full name of child Alma Verdell Howard

3. Sex of Child girl To be answered ONLY in event of plural births. } 4. Twin, triplet or other. } 5. No. in order of birth 3 } 6. Legitimate? Yes } 7. Date of birth June 19 1930
Month Day Year

FATHER
1. Full name Emmie Alma Howard
2. Residence (Usual place of abode) Safford
If non-resident, give place and state.
3. Color or race White
4. Birthplace (city or place) Alabama
(State or country)
5. Occupation Farmer
Nature of Industry

MOTHER
14. Full maiden name Amy Dorthea Bryce
15. Residence (Usual place of abode) Safford
If non-resident, give place and state.
16. Color or race White
17. Age at last birthday 28 (Years)
18. Birthplace (city or place) Bryce
Arizona
(State or country)
19. Occupation Housewife
Nature of Industry

8. Number of children of this mother 4 } (a) Born alive and now living 2 } 21. Were precautions taken against oph-
Taken as of time of birth of child herein } (b) Born alive but now dead } thalmla neonatorum? }
certified and including this child. } (c) Stillborn 1 } Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 2:30 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 evidence of life after birth.
Signature [Signature] Physician
(Physician or midwife.)

Even name added from supplemental report. Address [Signature]
Month, day, year Registrar. [Signature] Registrar.

Filed 10-8-1930

1934 6/19-125 [Signature]

and the number of