

N. B.—In case of more than one child, or a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

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

State File No. 183
Registered No. 591

1. PLACE OF BIRTH

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

2. Full name of child William Layton } If child is not yet named, make supplemental report, as directed.

3. Sex of Child } To be answered ONLY in event of plural births. } Male
4. Twin, triplet or other. _____ } 1
5. No. in order of birth. _____ } yes
6. Legitimate? _____ } yes
7. Date of birth Oct. 23-1930
Month Day Year

8. FATHER
Full name Albert Sylvester Layton

14. MOTHER
Full maiden name Zolach Irene Henninger

9. Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona

15. Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona

10. Color or race Cauc.
11. Age at last birthday 29 (Years)

16. Color or race Cauc.
17. Age at last birthday 27 (Years)

12. Birthplace (city or place) Duncan
(State or country) Arizona

18. Birthplace (city or place) Globe
(State or country) Arizona

13. Occupation
Nature of Industry mining

19. Occupation
Nature of Industry Housewife

20. Number of children of this mother } (a) Born alive and now living 2
(Taken as of time of birth of child herein } (b) Born alive but now dead 0
certified and including this child.) } (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 born alive at 4:10 A. M. on the date above stated.
(Born alive or stillborn)

Signature Cyril M. Brown M.D.
(Physician or midwife.)

Given name added from a supplement report _____
Month, day, year _____ Address Miami, Arizona

Filed Nov 30 1930 Registrar C. E. Irwin

635-1023-989