

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 184
Registered No. 572

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 Edna Ruth Layton } If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. } 4. Twin, triplet or other _____ 5. No., in order of birth 2 6. Legitimate? yes 7. Date of birth Oct. 23-1930.
Month Day Year

8. FATHER
Full name Albert Sylvester Layton
9. Residence (Usual place of abode) Miami, Arizona.
If non-resident, give place and state.

14. MOTHER
Full maiden name Zoolah Irene Henninger
15. Residence (Usual place of abode) Miami, Arizona.
If non-resident, give place and state.

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, Arizona.
(State or country)

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

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: 3
(Taken as of time of birth of child herein certified and including this child.) } (b) Born alive but now dead: 0
3 } (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 4:15 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 Cyril M. Brown, M.D. (Physician or midwife.)

Given name added from a supplement report _____ Address Miami, Arizona.

Month, day, year _____ Filed Nov 30 1930 Registrar E. E. Finn

535-1023-989

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