

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

State File No. 10000
 Registered No. 5-9

1. PLACE OF BIRTH

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

2. Full name of child Elsie 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 _____ 6. Legitimate? yes 7. Date of birth Jan. 13-1932
 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. Arizona
 10. Color or race Cauc.
 11. Age at last birthday 29 (Years)
 12. Birthplace (city or place) Duncan, Arizona
 (State or country)
 13. Occupation Nature of Industry Mining

14. MOTHER
 Full maiden name Zolah Henninger
 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 28 (Years)
 18. Birthplace (city or place) Globe, Arizona
 (State or country)
 19. Occupation Nature of Industry Housewife

20. Number of children of this mother _____
 (Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living 2
 (b) Born alive but now dead 2
 (c) Stillborn _____
 21. Were precautions taken against ophthalmia neonatorum? Yes

I hereby certify that I attended the birth of this child, who was born alive at 24 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. Cron M.D. (Physician or midwife)
 Address Miami, Arizona
 Filed Feb 11, 1932 H. E. Cron Registrar
 Given name added from a supplemental report: _____ Month, day, year _____
535-113-989 Registrar