

affidavit attached

ARIZONA STATE BOARD OF HEALTH

State File No. 130

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

Registered No. 209

1. PLACE OF BIRTH

County Graham State Arizona  
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)

2. Full name of child Terry Ryder Ridgway (If child is not yet named, make supplemental report, as directed)

3. Sex Boy 4. Twin, triplet or other 6. Premature 7. Legitimate? 8. Date of birth Aug. 28, 1922 (Month, day, year)

9. Full name of FATHER William Ryder Ridgway

18. Full maiden name of MOTHER Uessa La Rue Parker

10. Residence (usual place of abode) Safford (If nonresident, give place and State)

19. Residence (usual place of abode) Safford (If nonresident, give place and State)

11. Color or race W. 12. Age at last birthday 25 (Years)

20. Color or race W. 21. Age at last birthday 20 (Years)

13. Birthplace (city or place) Safford, Ariz. (State or country)

22. Birthplace (city or place) Safford, Ariz. (State or country)

14. Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. H. W.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

16. Date (month and year) last engaged in this work 17. Total time (years) spent in this work

25. Date (month and year) last engaged in this work 26. Total time (years) spent in this work

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead (c) Stillborn

28. If stillborn, period of gestation 29. Cause of stillbirth Before labor During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) on the date above stated

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

(Signed) W. Buller, M. D.

Given name added from a supplemental report (Date of) Sept 8, 1922 Registrar

Address Safford, Ariz. Registrar

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.