# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 80

Registered No. 3

1. PLACE OF BIRTH

County Gila State Arizona

Township Globe or Village

City Globe No. St. Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Ronald Patton Syler (If child is not yet named, make supplemental report, as directed)

3. Sex Male | If plural births: 4. Twin, triplet, or other 5. Number, in order of birth | 6. Premature Full term | 7. Legitimate? Yes | 8. Date of birth Jan 13 1933 (Month, day, year)

FATHER

9. Full name Patton Naylor Syler

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

11. Color or race W | 12. Age at last birthday 27 (Years)

13. Birthplace (city or place) Texas (State or country)

OCCUPATION

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

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

16. Date (month and year) last engaged in this work 19

17. Total time (years) spent in this work 5 y

MOTHER

18. Full maiden name Bessie Lois Epley

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

20. Color or race W | 21. Age at last birthday 26 (Years)

22. Birthplace (city or place) Paradise (State or country) Arizona

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. N.W.

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

25. Date (month and year) last engaged in this work 19

26. Total time (years) spent in this work 27

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 0 (c) Stillborn 0

28. If stillborn, period of gestation months or weeks

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 (Born alive or stillborn) at 12:15 P on the date above stated

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

(Signed) Charles E. Jones, M.D.

or M.D., Midwife

Address Miami Ariz

Gives name added from a supplemental report (Date of) 929-113-2586 Registrar.

Filed 2/7 1933 G. E. Whitmore Registrar

NOTE: PLAINLY WRITE 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.