ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 102
Registered No. 94

1. PLACE OF BIRTH
County Graham State Arizona
Township Central Ariz. or Village Central
~~City~~ Central No. ____ St. ____ Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Ethel Elaine Layton (If child is not yet named, make supplemental report, as directed)

3. Sex Female | If plural births: 4. Twin, triplet or other ____ 5. Number, in order of birth ____ | 6. Premature ____ Full term yes | 7. Legitimate? yes | 8. Date of birth 4/27/ 1933 (Month, day, year)

FATHER
9. Full name George S. Layton
10. Residence (usual place of abode) (If nonresident, give place and State) Central, Ariz.
11. Color or race white 12. Age at last birthday 30 (Years)
13. Birthplace (city or place) (State or country) Arizona

OCCUPATION
14. Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ____
16. Date (month and year) last engaged in this work ____ 19__ 17. Total time (years) spent in this work ____

MOTHER
18. Full maiden name Fay Lovell Central
19. Residence (usual place of abode) (If nonresident, give place and State) Arizona
20. Color or race white 21. Age at last birthday 20 (Years)
22. Birthplace (city or place) (State or country) Ark.

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
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. 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 1 (c) Stillborn ____

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 at 3:15 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.)

(Signed) J. W. Morris, M. D.
or ____, Midwife
Address Sullivan
Filed May 8 1933 G. N. Stratton Registrar.
By O. H. Pope

Given name added from a supplemental report ____ (Date of)
535-427-623 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.