ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 152
Registered No. 109

1. PLACE OF BIRTH
County Graham State Arizona
Township 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 Ottis DE Var Cluff (If child is not yet named, make supplemental report, as directed)

3. Sex Boy | 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 May 15, 1933 (Month, day, year)

FATHER
9. Full name Clyde W. Cluff
10. Residence (usual place of abode) (If nonresident, give place and State) Central
11. Color or race White | 12. Age at last birthday 32 (Years)
13. Birthplace (city or place) (State or country) Central 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 Martha Velma Jenkins
19. Residence (usual place of abode) (If nonresident, give place and State) Central
20. Color or race White | 21. Age at last birthday 31 (Years)
22. Birthplace (city or place) (State or country) Central Ariz.

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 3 (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 3:55 p.m. on the date above stated

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

Given name added from a supplemental report 636-55-412 (Date of)

(Signed) G. H. Langdon, M. D.
or Midwife
Address Safford Ariz.
Filed June 8, 1933 J. W. Stratton Registrar.
By O. H. Lopez

Registrar.

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.