SUPPLEMENT ATTACHED

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 156
Registered No. 219

1. PLACE OF BIRTH

County Graham State Arizona
Township ..... or Village .....
City Pima No. ..... St. ..... Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Farley [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 ..... | 7. Legitimate? yes | 8. Date of birth 8-29, 1934 (Month, day, year)

FATHER

9. Full name Clark E. Farley
10. Residence (usual place of abode) (If nonresident, give place and State) Mesa
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. Laborer
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 Hulda J. Boswell
19. Residence (usual place of abode) (If nonresident, give place and State) Mesa
20. Color or race white 21. Age at last birthday 25 (Years)
22. Birthplace (city or place) ..... (State or country) Arizona

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 ..... (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 alive (Born alive or stillborn) at 10 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 468-829-823 (Date of)

(Signed) J. W. Morris, M. D.
or ..... Midwife
Address .....
Filed Sept 8, 1934 J. N. Stratton Registrar.
By O. H. Lopez

..... Registrar.

MARGIN RESERVED FOR BINDING
WRITE PLIANLY 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.