ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 142
Registered No. 257

1. PLACE OF BIRTH
County Graham State Arizona
Township ..... or Village .....
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 Chadd B 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 5 | 6. Premature ..... Full term Yes | 7. Legitimate? Yes | 8. Date of birth 9-11-1934 (Month, day, year)

FATHER	MOTHER
9. Full name Welford Cluff	18. Full maiden name Mary E Norton
10. Residence (usual place of abode) (If nonresident, give place and State) Central	19. Residence (usual place of abode) (If nonresident, give place and State) Central
11. Color or race White 12. Age at last birthday 40 (Years)	20. Color or race White 21. Age at last birthday 32 (Years)
13. Birthplace (city or place) ..... (State or country) Ass	22. Birthplace (city or place) ..... (State or country) Ass
OCCUPATION: 14. Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lab	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Hw
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 ....., 19.... 17. Total time (years) spent in this work	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 5 (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 ..... (Born alive or ~~stillborn~~) at 6 a m. on the date above stated

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

(Signed) W. E. Platt, M. D.
or ....., Midwife
Address Safford

Given name added from a supplemental report 336-911-455 (Date of)

Filed Nov 9, 1934 J. U. Stratton Registrar.
By O. H. Lopez

..... Registrar.

WRITE PLIANLY WITH UNFADING I NK—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.