Amendment attached

205

1. PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. ____
Registered No. 354

County Graham State ARIZONA

Township ____ or Village Ashurst

City ____ No. ____ St. ____ Ward

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

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

3. Sex Male | If plural births: 4. Twin, triplet, or other Single; 5. Number, in order of birth 1 | 6. Premature ____ Full term Fifty | 7. Legitimate? Yes | 8. Date of birth 12-30-1934 (Month, day, year)

FATHER	MOTHER
9. Full name Edwin W. Maloy	18. Full maiden name Queenald Gailey
10. Residence (usual place of abode) (If non-resident, give place and State) Ashurst	19. Residence (usual place of abode) (If non-resident, give place and State) Ashurst
11. Color or race White 12. Age at last birthday 32 (Years)	20. Color or race White 21. Age at last birthday 29 (Years)
13. Birthplace (city or place) Colo (State or country)	22. Birthplace (city or place) LC (State or country)
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
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 1934	25. Date (month and year) last engaged in this work ____, 19__
17. Total time (years) spent in this work	26. Total time (years) spent in this work

27. Number of children of this mother (At time of this birth and including this child) 6 (a) Born alive and now living 6 (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 930 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 548-1230-878 (Date of)

(Signed) J. W. Morris, M. D.
or ____, Midwife
Address Safford

Filed January 9, 1935 J. N. Shatton
Registrar.

Registrar.

10M 1-31-34 MS—49982 FORM NO. 2

Y. O. H. Lopez