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PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 177
Registered No. 177

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)

Full name of child Ross Burt Reynolds { If child is not yet named, make supplemental report, as directed

Sex Male | If plural births { 4. Twin, triplet, or other Single 5. Number, in order of birth 4 | 6. Premature Full term X | 7. Is mother married? yes | 8. Date of birth May 24, 1935 (Month, day, year)

FATHER

Full name George Edgar Reynolds

Residence (usual place of abode) (If non-resident, give place and State) Pima Ariz

Color or race white 12. Age at last birthday 41 (Years)

Birthplace (city or place) Pima
(State or country) Arizona

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 Sybil Leona Floyd

19. Residence (usual place of abode) (If non-resident, give place and State) Pima Ariz

20. Color or race white 21. Age at last birthday 29 (Years)

22. Birthplace (city or place) Baton Rouge
(State or country) Louisiana

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

Number of children of this mother 4.
At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead (c) Stillborn

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 3:10 P.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) F. W. Butler, M. D.
or , Midwife

Address Safford, Arizona

Given name added from supplemental report (Date of)

Filed July 11, 1935 G. H. Stratton Registrar.

992-524-264 Registrar.

by O. W. Lopez

10M 2-5-35 Form No. 2 MS