Given name added by supplement 28

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# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

1. PLACE OF BIRTH

State File No. 198

Registered No.

County Graham State ARIZONA

Township Central or Village

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 Myles Delway Layton (If child is not yet named, make supplemental report, as directed)

3. Sex Boy | If plural births: 4. Twin, triplets, or other — 5. Number, in order of birth S | 6. Premature — Full term Yes | 7. Is mother married? Yes | 8. Date of birth 7-2, 1937 (Month, day, year)

9. Full name FATHER Marlin M Layton

10. Residence (usual place of abode) (If non-resident, give place and State) Central

11. Color or race Wht | 12. Age at last birthday 37 (Years)

13. Birthplace (city or place) (State or Country) Arizona Farmer

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farmer

16. Date (month and year) last engaged in this work ——, 19

17. Total time (years) spent in this work —

18. Full maiden name MOTHER Zulla Cluff

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

20. Color or race Wht | 21. Age at last birthday 38 (Years)

22. Birthplace (city or place) (State or Country) Ariz

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. HW

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 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 3 AM 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 435-702-936 (Date of)

Filed August 9th 1937 J. M. Layton Registrar.

By O. H. Lopez

Registrar.

20M 1-8-36 Form No. 2 MS—100 Rag

SEPARATE RETURN must be made for each, and the number of each in order of birth stated.