1. PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No.

Registered No.

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 Cluff { If child is not yet named, make supplemental report, as directed

3. Sex Male | If plural births { 4. Twin, triplet, or other 5. Number, in order of birth | 6. Premature Full term | 7. Married? | 8. Date of birth Aug 1st, 19 05 (Month, day, year)

FATHER	MOTHER
9. Full name: Cluff, Moses	18. Full maiden name: Cluff, Loretta J
10. Residence (usual place of abode) (If non-resident, give place and State)	19. Residence (usual place of abode) (If non-resident, give place and State)
11. Color or race Cauc	20. Color or race Cauc
12. Age at last birthday (Years)	21. Age at last birthday (Years)
13. Birthplace (city or place) (State or country) Utah	22. Birthplace (city or place) (State or country) Utah
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
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	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) 10th (a) Born alive and now living (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 (Born alive or stillborn) at m. on the date above stated

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

(Signed) R R Root, M. D.

or , Midwife

Given name added from a supplemental report (Date of)

Address

Registrar.

Filed , 19 R R Root

Registrar.

10M—9-1-34 FORM No. 2

(36 — 221 — 58)