2382

Child's name added by supplement

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

County of Graham

BUREAU OF VITAL STATISTICS

130 State Index No. 859

District of Central

ORIGINAL CERTIFICATE OF BIRTH

Co. Register No. 42

Town of

Local Registrar's No. 28

or

City of (No. St; Ward)

FULL NAME OF CHILD Ellis Gwain Cluff | Born Alive | YES ~~NO~~

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Sex of Child	~~Twin, Triplet~~ or other	and	Number in order of birth	Legitimate?	Date of Birth
Boy			12	yes	3 — 2 1915 (Month) (Day) (Yr.)

FATHER		MOTHER	
Full Name	Brigham H Cluff	Full Maiden Name	Eliza E Coombs
Residence	Central	Residence	Central
Color or Race	White	Color or Race	White
Age at last Birthday	45 (Years)	Age at last Birthday	42 (Years)
Birthplace	Utah	Birthplace	Utah
Occupation	Farmer	Occupation	Housewife

Number of child of this mother 12 | Number of children, of this mother, now living 10 | Were precautions taken against Ophthalmia neonatorum?

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on 3 2 1915, at 11 P M.

*When there is no attending physician or midwife, then the householder should make this return.

(Signature) W E Platt
(Attending physician, midwife, householder.*)

Given or christian name added from a supplemental report 4/10 1915

Address

Filed 4/5 1915 Mrs. W. D. French
LOCAL REGISTRAR.

G. S. MARTIN.
COUNTY REGISTRAR.

Filed 4/10 1915 A True Copy G. S. MARTIN.
COUNTY REGISTRAR.

536-302-532

N. B.—In case of more than one child, and the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or Midwife with each local Registrar within 5 days after birth.