213

CERTIFICATE AMENDED SEE NOTATION

Child's name added by affidavit of the registrant and his Certificate of Blessing - 1-19-71 CRW

PLACE OF BIRTH

County of Graham

District of Pima

Town of Ft. Thomas

or

City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 530

Co. Register No. 41

Local Registrar's No. 7

(No._____ St;_____ Ward)

FULL NAME OF CHILD Ebbie Means Bryce

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

Born Alive: YES ~~NO~~

Sex of Child	Twin, Triplet or other		Number in order of birth	Legitimate	Date of Birth (Month) (Day) (Yr.)
Male	Single	and	4	yes	Feb. 9 1916

FATHER	MOTHER
Full Name: Wm Earl Bryce	Full Maiden Name: Beulah Bertie Means
Residence: Ft. Thomas	Residence: Ft. Thomas
Color or Race: White — Age at last Birthday: 28 (Years)	Color or Race: White — Age at last Birthday: 28 (Years)
Birthplace: Arizona	Birthplace: Alabama
Occupation: Farmer	Occupation: Housewife

Number of child of this mother: 4 | Number of Children, of this mother, now living: 4 | Were precautions taken against Ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on 2/9 1916, at 3 30 A. M.

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

(Signature) R. C. Dryden M.D.

(Attending physician, ~~midwife, householder.*~~)

Address Pima Arizona

Given or Christian name added from a supplemental report _____ 191__

Filed 3/5 1916. Mrs. R. C. Dryden

LOCAL REGISTRAR

525-209-242

COUNTY REGISTRAR.

Filed 3/10 1916. A True Copy Geo. S. Martin

COUNTY REGISTRAR.