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NAME ADDED BY SUPPLEMENT

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 186
County Registrar No. 138
Local Registrar No. 127

PLACE OF BIRTH

1. County of Graham
District of Safford
Town of Central
or
City of ..... No. ..... St. ..... Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Mildred Nadine Layton — If child is not yet named, make supplemental report, as directed.

3. Sex of Child: Female
To be answered ONLY in event of plural births.
4. Twin, triplet or other .....
5. No., in order of birth 13
6. Legitimate? yes
7. Date of birth June 16 1923 (Month Day Year)

FATHER

8. Full name Harvey M. Layton
9. Residence (Usual place of abode) Central
If nonresident, give place and state
10. Color or race White
11. Age at last birthday 47 (Years)
12. Birthplace (city or place) Kaysville
(State or country) Utah
13. Occupation
Nature of industry Farmer

MOTHER

14. Full maiden name Emma Reay
15. Residence (Usual place of abode) Central
If nonresident, give place and state
16. Color or race White
17. Age at last birthday 44 (Years)
18. Birthplace (city or place) Kanesh
(State or country) Utah
19. Occupation
Nature of industry Housewife

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 13
(b) Born alive but now dead —
(c) Stillborn —

21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive ~~or stillborn~~ June 16 1923 at 7 10 m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature P. C. Dryden M. D. (Physician ~~or midwife~~)
Address

Given name added from a supplemental report ..... Month, day, year.
..... Registrar.

Filed July 7 1923 Hattie W. Schenck Local Registrar.
Filed July 7 1923 D. Scott Schenck County Registrar.

435-616-598

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.