

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 151
 Registered No. _____

1. PLACE OF BIRTH

County Gila State Ariz
 District or Township Payson or Village _____
 City Payson No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Leona June Evans 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 1 6. Legitimate? yes 7. Date of birth June 9 1925
 Month Day Year

8. FATHER
 Full name James Claude Evans

14. MOTHER
 Full maiden name Myrl Pyle

9. Residence (Usual place of abode) Phoenix Ariz
 If non-resident, give place and state.

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 If non-resident, give place and state.

10. Color or race White 11. Age at last birthday 27 (Years)

16. Color or race White 17. Age at last birthday 23 (Years)

12. Birthplace (city or place) Ariz
 (State or country)

18. Birthplace (city or place) Ariz
 (State or country)

13. Occupation Cowman
 Nature of industry

19. Occupation Housewife
 Nature of industry

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 6
 (b) Born alive but now dead 0
 (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 at 12 P. m. on the date above stated
(Born alive or stillborn.)

* 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 Ch. Risner M.D.

 (Physician or midwife).

Given name added from a supplemental report _____
 Address Payson Ariz

Month, day, year _____
 Filed June 9 1925 Ch. Risner
 Registrar Registrar

352-609-475

WRITE PAINTLY 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.
 MAKING RESER. FOR DRAINING