NAME ADDED BY SUPPLEMENT

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 249

Registered No. 27

1. PLACE OF BIRTH

County: Graham State: Arizona

District or Township: Pima 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: Phyllis Allred (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: 2nd

6. Legitimate? Yes

7. Date of birth: June 28th 1925 (Month Day Year)

8. FATHER	14. MOTHER
Full name: Myron E. Allred	Full maiden name: Elizabeth O. Palmer
9. Residence (Usual place of abode): Central	15 Residence (Usual place of abode): Central
If non-resident, give place and state: Ariz.	If non-resident, give place and state: Ariz.
10. Color or race: White	16 Color or race: White
11. Age at last birthday: 34 (Years)	17. Age at last birthday: 23 (Years)
12. Birthplace (city or place): (State or country): Idaho	18. Birthplace (city or place): Pima (State or country): Ariz.
13. Occupation / Nature of industry: Farmer	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: 2

(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 alive (Born alive or stillborn.) at 4 35 A 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: R. C. Dryden M.D. (Physician or midwife)

Address: Pima Ariz.

Given name added from a supplemental report: Month, day, year

Registrar

File July 5th, 1925 Mrs R. C. Dryden Deputy Registrar

714 – 628 – 579

MARGIN RESERVED FOR BINDING

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.