

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

State File No. 228
Registered No. 119

1. PLACE OF BIRTH

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

2. Full name of child

McClistey (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child

Male

To be answered ONLY
in event of plural
births.

4. Twin, triplet or other

5. No., in order of birth

6. Legitimate?

Yes

7. Date

of birth 10 19 25
Month Day Year

8. FATHER

Full name

C. E. McClistey

14. MOTHER

Full maiden name

N. E. Bryce

9. Residence

(Usual place of abode)

If non-resident, give place and state. Safford

15. Residence

(Usual place of abode)

If non-resident, give place and state. Safford

10. Color or race

White

11. Age at last birthday 27 (Years)

16. Color or race

White

17. Age at last birthday 25 (Years)

12. Birthplace (city or place)

(State or country)

Ky.

18. Birthplace (city or place)

(State or country)

Ariz.

13. Occupation

Nature of Industry

Laborer

19. Occupation

Nature of Industry

Housewife

20. Number of children of this mother

3

(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 1

(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum?

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11 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 J. M. Morris, M.D.

(Physician or midwife)

Given name added from a supplemental report

Month, day, year

Address Princeton

Filed 11/7

1925

Registrar

Registrar

249-1019-525

WRITE PLAINLY WITH UNFADING INK. N. B.—In case of more than one child at a birth, a SEPARATE order of birth stated. ... number of each in