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.

PLACE OF BIRTH

1. County of Graham

District of Pima

Town of Pima

or—

City of ..... No. ..... St. ..... Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 195

County Registrar No. .....

Local Registrar No. 25—

2. Full name of child ..... (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 5th

6. Legitimate? yes

7. Date of birth April 27th, 1926 (Month day year)

8. FATHER

Full name Angus E. Maloy

9. Residence (Usual place of abode)

If nonresident, give place and state Pima

10. Color or race: White

11. Age at last birthday 38 (Years)

12. Birthplace (city or place) .....

(State or country) Alabama

13. Occupation: Proprietor

Nature of industry: Garage

14. MOTHER

Full maiden name Mahala Norton

15. Residence (Usual place of abode)

If nonresident, give place and state Pima

16. Color or race: White

17. Age at last birthday 35— (Years)

18. Birthplace (city or place) Pima

(State or country) Arizona

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 5—

(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 2 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 evidences of life after birth.

Signature R. C. Dryden M.D. (Physician or midwife)

Address Pima Arizona

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

Filed May 5th 1926 Mrs. R. C. Dryden Deputy Local Registrar.

..... Registrar.

Filed ..... 19..... County Registrar.

048-427-4155