

SUPPLEMENT ATTACHED

ARIZONA STATE BOARD OF HEALTH

PLACE OF BIRTH
 1. County of Graham
 District of Pima
 Town of Central
 or
 City of _____ No. _____

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 197
 County Registrar No. _____
 Local Registrar No. 27

2. Full name of child _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)
 { 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. _____ } 6. Legitimate? yes } 7. Date of birth April 27th 1926
 5. No., in order of birth 2nd } Month Day Year

8. FATHER
 Full name Merlin M. Layton

14. MOTHER
 Full maiden name Zella Cluff

9. Residence (Usual place of abode) Central
 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 26 (Years)

16. Color or race White 17. Age at last birthday 27 (Years)

12. Birthplace (city or place) Central
 (State or country) Arizona

18. Birthplace (city or place) Central
 (State or country) Arizona

13. Occupation
 Nature of Industry Farmer

19. Occupation
 Nature of Industry Housewife

20. Number of children of this mother } (a) Born alive and now living 2
 (Taken as of time of birth of child herein } (b) Born alive but now dead _____
 certified and including this child.) } (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 at 4 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 R. C. Bryden M.D.
 Address Pima Arizona
 (Physician or midwife)

Given name added from a supplemental report _____ Filed May 5th 1926 Mrs R. C. Bryden
 Month, day, year _____ Deputy Local Registrar.

Registrar _____ Filed _____ 19 _____ County Registrar.

935-427-936

order of birth stated.