

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

State File No. 213
 Registered No. _____

1. PLACE OF BIRTH

County Gila State Ariz
 District or Township _____ or Village Payson
 City _____ No. _____ St. _____ Ward _____

2. Full name of child Elwood Claud Evans (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 _____ 5. No., in order of birth 2 6. Legitimate? Yes 7. Date of birth Aug/27/26
 Month Day Year

8. FATHER
 Full name J. Claud Evans
 9. Residence (Usual place of abode) Phoenix Ariz
 If non-resident, give place and state.
 10. Color or race white
 11. Age at last birthday 29 (Years)
 12. Birthplace (city or place) Ariz
 (State or country)
 13. Occupation Cowman
 Nature of industry

14. MOTHER
 Full maiden name Myrtle Pyles
 15. Residence (Usual place of abode) Phoenix Ariz
 If non-resident, give place and state.
 16. Color or race white
 17. Age at last birthday 25 (Years)
 18. Birthplace (city or place) Ariz
 (State or country)
 19. Occupation H.W.
 Nature of industry

20. Number of children of this mother 2 (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 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 2 1/2 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 Chas. P. Riessen

 (Physician or midwife)

Given name added from supplemental report _____
 Address Payson Ariz
 Month, day, year

Filed Aug 30, 1926 Registrar Chas. P. Riessen
 Registrar _____

352-827-475