SUPPLEMENT ATTACHED

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 166

Registered No.

1. PLACE OF BIRTH

County Gila State Ariz

District or Township or Village

City Payson No. St., Ward

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

2. Full name of child Taylor (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 1

6. Legitimate? Yes

7. Date of birth Sept 28/1928 (Month Day Year)

8. FATHER	14. MOTHER
Full name Richard Taylor	Full maiden name Walda May Beard
9. Residence (Usual place of abode) Payson Ariz. If non-resident, give place and state.	15 Residence (Usual place of abode) Payson Ariz. If non-resident, give place and state.
10. Color or race W — 11. Age at last birthday 21 (Years)	16 Color or race W — 17. Age at last birthday 21 (Years)
12. Birthplace (city or place) Ariz (State or country)	18. Birthplace (city or place) Arizona (State or country)
13. Occupation Nature of industry Cowman	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
(b) Born alive but now dead
(c) Stillborn

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 Bomalin (Born alive or stillborn.) at 6 P. 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 C H Risser M.D.

(Physician or midwife).

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

Address Payson Ariz

Filed Sept 28, 1928 C H Risser Registrar

Registrar

339-923-524

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD 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.