

SUPPLEMENT ATTACHED

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

State File No. 177
415
Registered No. _____

1. PLACE OF BIRTH

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

2. Full name of child

Massey { 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 Sept 27 1928
Month Day Year

8. FATHER
Full name George Massey
9. Residence (Usual place of abode) Holiday, Dau
If non-resident, give place and state. _____
10. Color or race White
11. Age at last birthday 24 (Years)
12. Birthplace (city or place) Bell Co. Texas
(State or country)
13. Occupation
Nature of Industry Laborer

14. MOTHER
Full maiden name Rhona Blanche Sutherland
15. Residence (Usual place of abode) Holiday, Dau
If non-resident, give place and state. Arizona
16. Color or race White
17. Age at last birthday 24 (Years)
18. Birthplace (city or place) Texas
(State or country)
19. Occupation
Nature of Industry Housewife

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 _____ (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 _____ at _____ 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 Nelson D. Drayton
Miriam Akana
(Physician or midwife)

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

Filed Sept 30 1928 L. E. Drayton
Registrar Registrar

848-927-925

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