

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 206-a  
Registered No. 133

**1. PLACE OF BIRTH**

County Graham State Arizona  
Towship \_\_\_\_\_ or Village \_\_\_\_\_  
City Pima No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Bruce Lloyd Reynolds { If child is not yet named, make supplemental report, as directed

3. Sex <u>Male</u>	If plural births	4. Twin, triplet, or other.....	6. Premature _____	7. Legiti- mate? _____	8. Date of birth <u>Sept. 21</u> , 19 <u>28</u> <small>(Month, day, year)</small>
		5. Number, in order of birth.....	Full term. <u>X</u>		

**FATHER**

9. Full name George Edgar Reynolds

10. Residence (usual place of abode) Pima, Ariz.  
(If nonresident, give place and State)

11. Color or race White

12. Age at last birthday 36 (Years)

13. Birthplace (city or place) Pima  
(State or country) Arizona

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.....

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.....

16. Date (month and year) last engaged in this work \_\_\_\_\_, 19\_\_\_\_

17. Total time (years) spent in this work \_\_\_\_\_

**MOTHER**

18. Full maiden name Lilib Leonora Floyd

19. Residence (usual place of abode) \_\_\_\_\_  
(If nonresident, give place and State)

20. Color or race White

21. Age at last birthday 23 (Years)

22. Birthplace (city or place) Baton Rouge  
(State or country) Louisiana

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.....

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.....

25. Date (month and year) last engaged in this work \_\_\_\_\_, 19\_\_\_\_

26. Total time (years) spent in this work \_\_\_\_\_

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead None (c) Stillborn None

28. If stillborn, period of gestation \_\_\_\_\_ { months \_\_\_\_\_ or weeks \_\_\_\_\_ } 29. Cause of stillbirth \_\_\_\_\_ { Before labor \_\_\_\_\_ During labor \_\_\_\_\_ }

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Alive at 10 P. 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. }

Given name added from a supplemental report 292-921-264 (Date of) \_\_\_\_\_

(Signed) R. C. Reynolds M. D.  
and Amanda K. Dodge Midwife

Address Pima Ariz. # 384

Filed 9-13-1930 J. N. Stratton Registrar.

By O. Lopez

MARGIN RESERVED FOR BINDING  
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 is indicated by the number of the birth stated.