

SUPPLEMENT ATTACHED

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State File No. **511**

1. PLACE OF BIRTH

STANDARD CERTIFICATE OF BIRTH

Registered No.

County Navajo State Arizona
 District or Township Taylor or Village

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.....
 (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..... 6. Legitimate? yes 7. Date of birth July 16 1929
 Month Day Year

8. Full name Charles Rand Bryant FATHER 14. Full maiden name Isabell Lewis MOTHER

9. Residence Clay Springs, Ariz. (Usual place of abode) 15. Residence Clay Springs Taylor Ariz. (Usual place of abode)
 If non-resident, give place and state.

10. Color or race White 11. Age at last birthday 37 (Years) 16. Color or race white 17. Age at last birthday 35 (Years)

12. Birthplace (city or place) Winslow Arizona (State or country) 18. Birthplace (city or state) Pinedale Arizona (State or country)

13. Occupation Farmer Nature of industry 19. Occupation House wife Nature of industry

20. Number of children of this mother 7 (Taken as of time of birth of child herein certified and including this child). (a) Born alive and now living..... 7 (b) Born alive but now dead..... 0 (c) Stillborn..... 0 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 7:15 a. 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 J. H. Raywood

Given name added from a supplemental report..... Address Shouflake (Physician or midwife).

Month, day, year

Registrar. Filed 19... Registrar.

623-716-932

Give number of each

GIVEN NUMBER