

ARIZONA STATE BOARD OF HEALTH

PLACE OF BIRTH

1. County of Gila
 District of _____
 Town of Winkelman Ariz
 or _____
 City of _____

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 160
 County Registrar No. _____
 Local Registrar No. _____

2. Full name of child James Leghfoot Grasty
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
 Sex of Child Male To be answered ONLY in event of plural births.
 4. Twin, triplet or other no 6. Legitimate? yes
 7. Date of birth May 13th 1927
If child is not yet named, make supplemental report, as directed.

8. FATHER
 Full name Robert Stapleton Grasty
 9. Residence (Usual place of abode) Winkelman, Arizona
If nonresident, give place and address.

14. MOTHER
 Full maiden name Louise Crews
 15. Residence (Usual place of abode) Norville, Va
If nonresident, give place and address.

10. Color or race White, U.S.A
 11. Age at last birthday 35 (Years)
 12. Birthplace (city or place) Orange County, Va
(State or country)

16. Color or race White, U.S.A
 17. Age at last birthday 37 (Years)
 18. Birthplace (city or place) Norville, Va
(State or country)

13. Occupation
 Nature of industry Merchant

19. Occupation
 Nature of industry House-wife

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 3
 (b) Born alive but now dead 1
 (c) Stillborn 1
 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 at 8:13 at 8:30 P.M. on the date above stated.
(Born alive or ~~deceased~~.)

*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.M. Butler M.D.
 Address Winkelman, Ariz.
(Physician or midwife)

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

Filed June 1, 1927 _____
 Filed _____ 19____
 Local Registrar. J.P. Hutton
 County Registrar. _____

179-513-332

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.

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