ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 1594

Registered No. 254

1. PLACE OF BIRTH

County Gila State Arizona

District or Township ..... or Village .....

City Miami No. Miami-Insp. Hospital St. ..... Ward

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

2. Full name of child George Stanley Crawford { 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 June 16 - 1927 (Month Day Year)

8. FATHER

Full name Fred Leslie Crawford

9. Residence (Usual place of abode) Miami

If non-resident, give place and state. Arizona

10. Color or race Cauc. | 11. Age at last birthday 46 (Years)

12. Birthplace (city or place) Creston

(State or country) Iowa

13. Occupation Blacksmith

Nature of industry Insp. C. Copper Co.

14. MOTHER

Full maiden name Jennie Bell Nicholson

15 Residence (Usual place of abode) Miami

If non-resident, give place and state. Arizona

16 Color or race Cauc. | 17. Age at last birthday 38 (Years)

18. Birthplace (city or place) Prince Edward Island

(State or country) Canada

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 3

(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 born alive (Born alive or stillborn.) at 1 30 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 Cyril M. Cron M.D.

Physician (Physician or ~~midwife~~).

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

Address Miami, Arizona

734 - 616 - 155

Registrar

Filed June 20, 1927 C. E. Irwin

Registrar