

PLACE OF BIRTH

1. County of Gila

District of _____

Town of Miami

or

City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 114

ORIGINAL CERTIFICATE OF BIRTH

County Registrar No. 528Local Registrar No. 528Miami Inspiration Hospital.

St. _____ Ward _____

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

2. Full name of child Marion Joan Graham { 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 Dec. 12 1927
Month Day Year8. FATHER Full name Jay Cleg Graham 14. MOTHER Full maiden name Marion Jackson Adams -9. Residence (Usual place of abode) Superior Arizona 15. Residence (Usual place of abode) Superior Arizona
If nonresident, give place and state10. Color or race White 11. Age at last birthday 32 (Years) 16. Color or race White 17. Age at last birthday 29 (Years)12. Birthplace (city or place) (State or country) Texas 18. Birthplace (city or place) (State or country) Denver Colo -13. Occupation Mining Contractor Nature of industry Mining - 19. Occupation Housewife - Nature of industry _____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 ONE (b) Born alive but now dead none (c) Stillborn none 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 at 9:45 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 W. D. Bacon M.D. (Physician or midwife)
Address Miami - ArizonaGiven name added from supplemental report _____ Filed Dec 20, 1927 C. E. Dinn Local Registrar.

Registrar. _____ Filed _____ 19 _____ County Registrar.

474-1212-412