

WRITE PLAINLY WITH UNFADING INK—PLEASE USE A SEPARATE RETURN FOR EACH CHILD. 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 NOTED.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 192
 Registered No. 108

1. PLACE OF BIRTH

County Gila State Ariz.
 District or Township _____ or Village _____
 City Globe No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child

Patsy Louise Craig

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

May 28, 1930
 Month Day Year

8. FATHER

Full name

Leo William Craig

9. Residence

(Usual place of abode)

If non-resident, give place and state.

Globe, Ariz.

10. Color or race

White

11. Age at last birthday (Years)

22

12. Birthplace (city or place)

(State or country)

Bisbee Ariz.

13. Occupation

Nature of industry

Clerk

14. MOTHER

Full maiden name

Alma Duant Eaves

15. Residence

(Usual place of abode)

If non-resident, give place and state.

Globe Ariz.

16. Color or race

White

17. Age at last birthday (Years)

18

18. Birthplace (city or place)

(State or country)

Athens Ala.

19. Occupation

Nature of industry

His 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 1

(b) Born alive but now dead 2

(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 born alive at 10:20 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

T. C. Harper
Physician

(Physician or Midwife)

Address

Globe, Arizona

Given name added from a supplemental report

Month, day, year

Filed June 6, 1930

S. E. Wightman
 Registrar

737-508-152