

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. 142
Registered No. 380

1. PLACE OF BIRTH

County Gila State Arizona

District or Township _____ or Village _____

City Miami No. Miami 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 Patricia Hope Grayson } If child is not yet named, make supplemental report, as directed.

3. Sex of Child	To be answered ONLY in event of plural Births.	4. Twin, triplet or other.....	5. Legitimate? <u>yes</u>	6. Date of birth	7. Date of birth
<u>female</u>				<u>June 3</u>	<u>1930</u>
		5. No., in order of birth.....		Month	Day Year

8. FATHER
Full name Hugh Freeman Grayson

14. MOTHER
Full maiden name America Rachael Merriweather

9. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.

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If non-resident, give place and state.

10. Color or race White

16. Color or race white

11. Age at last birthday 24 (Years)

17. Age at last birthday 20 (Years)

12. Birthplace (city or place) Georgia
(State or country)

18. Birthplace (city or place) Laredo
(State or country) Texas

13. Occupation Ass. manager
Nature of Industry Woolworth 57th & store

19. Occupation Housewife
Nature of Industry _____

20. Number of children of this mother..... } (a) Born alive and now living... 1
(Taken as of time of birth of child herein } (b) Born alive but now dead... 0
certified and including this child.) } (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 12:35 p.m. on the date above stated.
(Born alive or stillborn)

Signature J. J. Miller
(Physician or midwife.)

Given name added from a supplement report _____ Address Miami, Arizona
Month, day, year _____ Filed June 14, 1930 Registrar C. E. Davis

775-603-149

taken in order of birth stated.