

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 189
Registered No. 404

1. PLACE OF BIRTH

County Gila State Arizona

District or Township _____ or Village _____

City Miami No. Hill St St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Margaret Louise Crow } 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. _____ } 6. Legitimate? yes } 7. Date of birth June 19-1930.
5. No. in order of birth. _____ } Month Day Year

8. FATHER
Full name Thomas Burke Crow

14. MOTHER
Full maiden name Ollie May Hall

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

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

10. Color or race Cauc.

11. Age at last birthday: 35 (Years)

16. Color or race Cauc.

17. Age at last birthday: 31 (Years)

12. Birthplace (city or place) Magdalena, New Mex.
(State or country)

13. Birthplace (city or place) Hope, New Mex.
(State or country)

13. Occupation Mill foreman
Nature of Industry Mining

19. Occupation _____
Nature of Industry Housewife

20. Number of children of this mother } (a) Born alive and now living 3
(Taken as of time of birth of child herein } (b) Born alive but now dead 0
certified and including this child.) 3 } (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 3 A. on the date above stated.
(Born alive or stillborn)

Signature Loyd M. Brown M.D. (Physician or midwife)
Given name added from a supplemental report _____ Address Miami, Arizona

Month, day, year _____ Filed June 25 1930 C. E. Irwin Registrar.

436-619-683

When in order of birth stated.