

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

 State File No. 1549

Registered No. _____

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 Donna Jean Graham } If child is not yet named, make supplemental report, as directed.

3. Sex of Child <u>female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other.....	5. No., in order of birth.....	6. Legitimate? <u>yes</u>	7. Date of birth <u>Sept 27 1930</u> Month Day Year
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8. FATHER
 Full name George Graham
14. MOTHER
 Full maiden name Alma France Robbins

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

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

 10. Color or race White

 16. Color or race White

 11. Age at last birthday 33 (Years)

 17. Age at last birthday 25 (Years)

 12. Birthplace (city or place) Biblee
 (State or country) Arizona

 18. Birthplace (city or place) _____
 (State or country) Montana

 13. Occupation Warehouse man
 Nature of Industry Copper mine

 19. Occupation Housewife
 Nature of Industry _____

20. Number of children of this mother <u>2</u> (Taken as of time of birth of child herein certified and including this child.)	(a) Born alive and now living..... <u>2</u>	21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>
	(b) Born alive but now dead..... <u>0</u>	
	(c) Stillborn..... <u>0</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

 I hereby certify that I attended the birth of this child, who was alive at 4:50 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 <u>J. J. Miller</u> M.D. (Physician or midwife.)
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 Given name added from a supplemental report _____ Address Miami, Arizona

 Month, day, year _____ Filed Oct 5 1930 Registrar R. E. Jones

474-927-192