ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. ____ Registered No. 14

1. PLACE OF BIRTH

County: Gila State: Arizona

District or Township: ____ or Village: ____

City: Globe No. ____ St. (If birth occurred in a hospital or institution, give its NAME instead of street)

2. Full name of child: Eugene Harrison Crawford (If child is not yet named, supplemental report, etc.)

3. Sex of Child: Male

To be answered ONLY in event of plural births.

4. Twin, triplet or other: 2

5. No., in order of birth: 1

6. Legitimate? Yes

7. Date of birth: July 23, 19[illegible] (Month, Day, Year)

8. FATHER

Full name: Benjamin Harrison Crawford

9. Residence (Usual place of abode): Globe, Arizona

If non-resident, give place and state.

10. Color or race: White

11. Age at last birthday: 36 (Years)

12. Birthplace (city or place): Sedalia, Mo.

(State or country)

13. Occupation: minister

Nature of Industry:

14. MOTHER

Full maiden name: Dorothy Louise Robe

15. Residence (Usual place of abode): Globe, Arizona

If non-resident, give place and state.

16. Color or race: white

17. Age at last birthday: 21 (Years)

18. Birthplace (city or place): Globe, Arizona

(State or country)

19. Occupation: Housewife

Nature of Industry:

20. Number of children of this mother: One

(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 (Born alive or stillborn) at 6:40 p.m. on the date above stated.

*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 534-723-4-92 Month, day, year

Registrar

Filed 8/7 1931 H. E. Wightman Registrar.