WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—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 stated.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 161

Registered No. 275

1. PLACE OF BIRTH

County Gila State Arizona

District or Township or Village

City Miami No. 920 Rose Road St. Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Gary Graham Morse (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Male | 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 Aug. 30-1931 (Month Day Year)

8. FATHER

Full name William Graham Morse

9. Residence (Usual place of abode) Elsinore-Calif. Leader Press

If non-resident, give place and state.

10. Color or race Cauc. | 11. Age at last birthday 24 (Years)

12. Birthplace (city or place) Frankfort, Ken.

(State or country)

13. Occupation

Nature of Industry Linotype Operator

14. MOTHER

Full maiden name Florence Marie Ellison

15. Residence (Usual place of abode) Miami

If non-resident, give place and state. Arizona

16. Color or race Cauc | 17. Age at last birthday 23 (Years)

18. Birthplace (city or place) Brooklyn, N. Y.

(State or country)

19. Occupation

Nature of Industry Housewife

20. Number of children of this mother 1

(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 0

(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 (Born alive or stillborn.) at 8:20 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 Cyril M. Crow M.D.

(Physician or midwife).

Given name added from a supplemental report 745-830-655 Month, day, year

Address Miami, Arizona

Filed Sept 9, 1931 C. E. [illegible] Registrar

Registrar