ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 125
Registered No. 122

1. PLACE OF BIRTH

County: Gila State: Arizona

District or Township: or Village: P. O. Box 156 - Miami - Ariz.

City: Miami No.: Mackey Hill St.: Ward

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

2. Full name of child: Esther Janet Trethewey (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: 5. No., in order of birth: | 6. Legitimate? yes | 7. Date of birth: Dec. 27 - 1931 (Month Day Year)

FATHER

8. Full name: James Warren Trethewey

9. Residence (Usual place of abode): Miami

If non-resident, give place and state: Arizona

10. Color or race: Canc. 11. Age at last birthday: 45 (Years)

12. Birthplace (city or place): Marquette (State or country): Mich.

13. Occupation: Contractor Nature of Industry:

MOTHER

14. Full maiden name: Ruth E. Graham

15. Residence (Usual place of abode): Miami

If non-resident, give place and state: Arizona

16. Color or race: Canc. 17. Age at last birthday: 41 (Years)

18. Birthplace (city or place): Denver (State or country): Colo.

19. Occupation: Housewife Nature of Industry:

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.): 10
(a) Born alive and now living: 9
(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 2:30 a.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)

Address: Miami - Arizona

Given name added from a supplemental report: Month, day, year

538 - 1227 - 974
Registrar

Filed Jan 14, 1932 O. E. Irwin
Registrar

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD