ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 96

Registered No. 11

1. PLACE OF BIRTH

County Gila State Arizona

Township

City Miami No. Miami Inf. Hospital St. C.B. Jeffries Ward

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

2. Full name of child Andrew Wilcoxson Graybeal (If child is not yet named, make a supplemental report, as directed)

3. Sex Male | If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____ | 6. Premature ____ Full term ____ | 7. Legitimate? yes | 8. Date of birth Jan. 24, 1933. (Month, day, year)

FATHER	MOTHER
9. Full name: Edward Vistal Graybeal	16. Full maiden name: Alice Asbury Mathewson
10. Residence (usual place of abode) (If nonresident, give place and State): deceased	19. Residence (usual place of abode) (If nonresident, give place and State): Miami - Arizona
11. Color or race: Caucc. 12. Age at last birthday: 40 (Years)	20. Color or race: Cauc. 21. Age at last birthday: 40 (Years)
13. Birthplace (city or place) (State or country): Jefferson N.C.	22. Birthplace (city or place) (State or country): Pueblo Col
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Mining Engineer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Miami Copper Co.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.:
16. Date (month and year) last engaged in this work ____ 19__ 17. Total time (years) spent in this work ____	25. Date (month and year) last engaged in this work ____ 19__ 26. Total time (years) spent in this work ____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead 1 (c) Stillborn ____

28. If stillborn, period of gestation ____ months or weeks | 29. Cause of stillbirth ____ | Before labor ____ During labor ____

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 6:15 A. m. on the date above stated

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

(Signed) Cyril M. Crow M.D., M.D. or ____ Midwife

Address Miami - Arizona

Given name added from a supplemental report ____ (Date of) ____ Registrar.

173-129-145

Filed Feb. 2, 1933 C. E. Jones Registrar.