4915

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. This certificate must be filed by the attending Physician or Midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH

County of Gila

District of Globe

Town of Miami

or

City of

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS.

ORIGINAL CERTIFICATE OF BIRTH.

State Index No. 101 ~~156~~

Co. Register No. 219

Local Registrar's No.

(No. St; Ward)

FULL NAME OF CHILD Elinor Crypt

Born / Alive YES ~~NO~~

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Sex of Child	Twin, Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth
Female	X		X	Yes	Oct (Month) 10 (Day) 1912 (yr.)

FATHER		MOTHER	
Full Name	Tracy Roland Crypt	Full Maiden Name	Gracie Jewel Tate
Residence	Miami Ariz	Residence	Miami Ariz
Color or Race	W	Color or Race	W
Age at last Birthday	31 (Years)	Age at last Birthday	21 (Years)
Birthplace	Penn.	Birthplace	Texas
Occupation	Machinist	Occupation	House wife

Number of child of this mother 1 | Number of children, of this mother, now living 1 | Were precautions taken against Ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on Oct 10 1912, at 12 M.

*When there is no attending physician or midwife, then the householder should make this return.

(Signature) W. E. McWhirt MD

(Attending physician ~~midwife, householder~~)

Given or christian name added from a supplemental report 191

Address Miami Ariz

Filed Oct 15 1912 B. G. Fox LOCAL REGISTRAR.

A True Copy

533-1010-735 COUNTY REGISTRAR.

Filed Nov 5 1912 B. G. Fox MD COUNTY REGISTRAR.