1315

PLACE OF BIRTH

County of Gila

District of

Town of Miami

or

City of

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

135 856

State Index No.

Co. Register No. 164

Local Registrar's No.

(No. St; Ward)

FULL NAME OF CHILD Philip William Crookham

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

(This return should preferably be made by the person who made the original)

County Registrar's No.*

Place of Birth Miami County Gila No. St.

(Registration District)

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
Male			

DATE OF BIRTH* June 25, 1915 (Month) (Day) (Year)

FULL* NAME FATHER Philip William Crookham

FULL* MAIDEN NAME MOTHER Beatrice Garrett

I HEREBY CERTIFY that the child described herein has been named

Philip William Crookham, Jr.

(Give name in full) (Surname)

Philip William Crookham

(Parent's Signature)

Philip William Crookham

(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.

10M 12-46

(Attending physician, ~~midwife, householder.~~*)

Given or christian name added from a supplemental report 191

Address Miami Arizona

Filed June 30 1915

John H Lacy

LOCAL REGISTRAR

Filed July 5 1916

~~A~~ True Copy

B G Fox

COUNTY REGISTRAR.

COUNTY REGISTRAR.