948

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS 199

State Index No. 1099

Co. Register No. 421

Local Registrar's No. 1

PLACE OF BIRTH

County of Gila

District of Winkelman & Hayden

Town of Hayden

or

City of

ORIGINAL CERTIFICATE OF BIRTH

(No. ..... St; ..... Ward)

FULL NAME OF CHILD Anna Ella Graham

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			3	Yes	Dec 31st 1916 (Month) (Day) (Yr.)

FATHER		MOTHER	
Full Name	Edward Graham	Full Maiden Name	Cora Alice
Residence	Hayden	Residence	Hayden
Color or Race	white	Color or Race	white
Age at last Birthday	41 (Years)	Age at last Birthday	29 (Years)
Birthplace	New York City	Birthplace	Hancock Ohio
Occupation	Rancheman	Occupation	House wife

Number of child of this mother 3 | Number of children, of this mother, now living 3 | 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 Dec 31st 1916, at 3.08 M.

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

(Signature) [signature]

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

Address Hayden Hospital

Given or christian name added from a supplemental report ..... 191....

Filed Dec 31 1916

[signature] LOCAL REGISTRAR.

174-1231-315

COUNTY REGISTRAR.

Filed Jan 10 1917

A True Copy [signature]

COUNTY REGISTRAR.

...age of more than one child at a birth, a ... must be filed by the attending Physician or ...r of each, in order of birth, stated. This certificate must be filed by the attending Physician or ...with each local Registrar within 5 days after birth.