1680

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 134

Co. Register No. 496

Local Registrar's No. _____

PLACE OF BIRTH

County of Gila

District of _____

Town of Miami

or

City of _____

(No. _____ St; _____ Ward)

FULL NAME OF CHILD Ola Pearl Crabtree { Born / Alive } YES ~~NO~~

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

Sex of Child Female | Twin, Triplet or other { and } Number in order of birth | Legitimate yes | Date of Birth Sept 4 1918 (Month) (Day) (Yr.)

FATHER		MOTHER	
Full Name	William Thomas Crabtree	Full Maiden Name	Eva Hilton
Residence	Miami, Arizona	Residence	Miami, Ariz.
Color or Race	White	Color or Race	White
Age at last Birthday	24 (Years)	Age at last Birthday	20 (Years)
Birthplace	Texas	Birthplace	Texas
Occupation	Brakeman	Occupation	Housewife

Number of child of this mother 3 | 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 the above child; and that it occurred on Sept 4 1918, at 6:35 P.M.

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

(Signature) C R Swackhamer, M.D.
(Attending physician, ~~midwife, householder.~~*)

Address Miami Ariz

Given or Christian name added from a supplemental report _____ 191__

Filed Nov 1 1918

John H Lacy
LOCAL REGISTRAR.

633-904-585 Filed Dec 5 1918

A True Copy B. G. Fox
COUNTY REGISTRAR.

COUNTY REGISTRAR.