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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 153

Co. Registrar's No. 257

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 John Verold Craig

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

Born Alive: YES X

Sex of Child	Twin, Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth (Month / Day / Yr.)
M	1		1	Y	April 21 1919

FATHER		MOTHER	
Full Name	Elmer Craig	Full Maiden Name	Myrtle Louise Yates
Residence	Miami	Residence	Miami
Color or Race	White	Color or Race	White
Age at last Birthday	32 Years	Age at last Birthday	20 Years
Birthplace	Texas	Birthplace	Texas
Occupation	Salesman	Occupation	H

Number of child of this Mother 2 | Number of Children, of this mother, now living 2 | 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 Apr 21 1919, at 11:30 A.M.

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

Signature Charles E. Irvin M.D.

Attending physician, midwife, householder.*

Address Miami Ariz

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

Filed May 30 1919

No Bury Ins

LOCAL REGISTRAR.

137-421-482

COUNTY REGISTRAR.

Filed June 10 1919

A True Copy

B. G. Fox

COUNTY REGISTRAR.