0436

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 124
Co. Registrar's No. 346
Local Registrar's No. _____

PLACE OF BIRTH
County of Gila,
District of Globe,
Town of _____
or
City of Globe.

(No. _____ St. _____ Ward)

FULL NAME OF CHILD _____ Born Alive: YES
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 Month	Day	Yr.
Male				Yes	6	15	1919

FATHER		MOTHER	
Full Name	Elijah P. Crowe,	Full Maiden Name	Grace Allen,
Residence	Globe	Residence	Globe
Color or Race	White	Color or Race	White
Age at last Birthday	40 Years	Age at last Birthday	30 Years
Birthplace	Texas	Birthplace	Texas
Occupation	Miner	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 6/15, 1919, at 10,30 A.M.

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

Signature F. E. Wightman
Attending physician, ~~midwife, householder.~~*

Address Globe, Arizona.

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

Filed June 17 1919 B. G. Jay LOCAL REGISTRAR.

035-615-715
COUNTY REGISTRAR.

A True Copy
Filed July 5 1919 B. G. Jay COUNTY REGISTRAR.

or midwife with each local Registrar within 5 days after birth.