ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 178

Co. Registrar's No. 642

Local Registrar's No. _____

PLACE OF BIRTH

County of Gila

District of _____

Town of _____ or City of Globe

(No. _____ St; _____ Ward)

FULL NAME OF CHILD Elizabeth Nora Grainger | 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 Month	Day	Yr.
Female				yes	Nov.	18	1919

FATHER		MOTHER	
Full Name	John H. Grainger	Full Maiden Name	Katy Coughlin
Residence	Globe, Arizona	Residence	Globe, Arizona
Color or Race	White	Color or Race	White
Age at last Birthday	30 Years	Age at last Birthday	20 Years
Birthplace	Sacramento, Cal.	Birthplace	Globe, Arizona
Occupation	Engineer, locomotive	Occupation	Housewife

Number of child of this Mother 1 | 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 Nov. 18 1919, at 4 P. M.

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

Signature Alvin Kirmse M.D.
Attending physician, midwife, householder:*

Address Globe, Arizona

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

Filed Nov 22 1919 B. G. Fox
LOCAL REGISTRAR.

579-1118-235
COUNTY REGISTRAR.

A True Copy

Filed Dec 5 1919 B. G. Fox
COUNTY REGISTRAR.