

IN CASE OF MORE THAN ONE CHILD AT BIRTH, A SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or midwife with each local Registrar within 5 days after birth.

**ARIZONA STATE BOARD OF HEALTH**  
 BUREAU OF VITAL STATISTICS

PLACE OF BIRTH  
 County of Gila State Index No. 128  
 District of \_\_\_\_\_ ORIGINAL CERTIFICATE OF BIRTH Co. Registrar's No. 207  
 Town of Miami Local Registrar's No. \_\_\_\_\_  
 or \_\_\_\_\_  
 City of \_\_\_\_\_ (No. \_\_\_\_\_ St; \_\_\_\_\_ Ward)

FULL NAME OF CHILD Ruth Creasman Born  YES  
 If child is not named, make Supplemental Report on blank obtainable from local registrar. Alive  NO

Sex of Child Female Twin, Triplet or other \_\_\_\_\_ and Number in order of birth 4 Legitimate? yes Date of Birth April 1 1920  
 Month Day Yr.

FATHER		MOTHER	
Full Name	<u>Felix G. Creasman</u>	Full Maiden Name	<u>Floy Robinson</u>
Residence	<u>Miami, Arizona</u>	Residence	<u>Miami, Arizona</u>
Color or Race	<u>White</u>	Color or Race	<u>White</u>
Age at last Birthday	<u>34</u> Years	Age at last Birthday	<u>29</u> Years
Birthplace	<u>Bridgeport, Alabama</u>	Birthplace	<u>Burnsville, N. C.</u>
Occupation	<u>Bookkeeper</u>	Occupation	<u>Housewife</u>

Number of child of this Mother 4 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 the above child; and that it occurred on April 1 1920, at 8:30 P.M.  
 { \*When there is no attending physician or midwife, then the householder should make this return. } Signature Cyril M. Crow M.D.  
 Attending physician, midwife, householder.\*

Given or Christian name added from a supplemental report \_\_\_\_\_ Address Miami, Arizona

935-401-695 191-  
 COUNTY REGISTRAR. Filed 4/11/20 191-  
 A True Copy Filed Apr 27 191-  
 LOCAL REGISTRAR. COUNTY REGISTRAR.