

1233

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

**ORIGINAL CERTIFICATE OF BIRTH**

PLACE OF BIRTH  
County of Yuma State Index No. 195  
District of \_\_\_\_\_ Co. Registrar's No. 764  
Town of Miami or \_\_\_\_\_ Local Registrar's No. \_\_\_\_\_  
City of \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

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

Sex of Child M Twin, Triplet or other 1 and Number in order of birth 3 Legitimate?  Date of Birth Dec 30 1920  
Month Day Yr.

**FATHER**

Full Name Elmer Craig  
Residence Claypool  
Color or Race Wh Age at last Birthday 34 Years  
Birthplace Texas  
Occupation Solicitor

**MOTHER**

Full Maiden Name Myrtle Yates  
Residence Claypool  
Color or Race Wh Age at last Birthday 23 Years  
Birthplace Texas  
Occupation N

Number of child of this Mother 3 Number of Children, of this mother, now living 2 Were precautions taken against Ophthalmia neonatorum?

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of the above child; and that it occurred on Dec 30 1920 at 3:00 P.M.

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

Signature Charles E. Drinnin  
Attending physician, midwife, householder.\*

Given or Christian name added from a supplemental report \_\_\_\_\_ 191\_\_ Filed 12/31 1920  
637-1230-482 COUNTY REGISTRAR. Filed 1-6 1921 A True Copy  
Address Miami City  
T. H. Slaughter LOCAL REGISTRAR.  
B. G. Hoop COUNTY REGISTRAR.