

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
 District of _____
 Town of Miami
 or _____
 City of _____ (No. _____ St. _____ Ward _____)

State Index No. 186
 Co. Registrar's No. 332
 Local Registrar's No. _____

ORIGINAL CERTIFICATE OF BIRTH

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

Sex of Child Male Twin, Triplet or other _____ and Number in order of birth 2 Legitimate? yes Date of Birth May 29 - 1921
 Month Day Yr.

FATHER
 Full Name Fred Leslie Crawford
 Residence Miami, Arizona
 Color or Race white Age at last Birthday 40 Years
 Birthplace Creston, Iowa
 Occupation Miner

MOTHER
 Full Maiden Name Jennie Bell Nicholson
 Residence Miami, Arizona
 Color or Race white Age at last Birthday 33 Years
 Birthplace Prince Ed Isle, Canada
 Occupation Housewife

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* 45

I hereby certify that I attended the birth of the above child; and that it occurred on May 29, 1921, at 10 P.M.

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

Signature C. M. Crow M.D.
 Attending physician, midwife, householder.*

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

Address Miami, Arizona

934-529-155
 COUNTY REGISTRAR.

Filed June 30 1921
 A True Copy
 Filed July 1 1921
 LOCAL REGISTRAR.
 COUNTY REGISTRAR.