

1245

In all cases 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. 169
District of _____ ORIGINAL CERTIFICATE OF BIRTH Co. Registrar's No. 566
Town of _____ Local Registrar's No. 26
or _____
City of Hayden (No. _____ St. _____ Ward _____)
FULL NAME OF CHILD Laura Frances Gravelle Born YES
If child is not named, make Supplemental Report on blank obtainable from local registrar. Alive NO

Sex of Child <u>F.</u>	Twin, Triplet or other _____	and	Number in order of birth _____	Legitimate? <u>Yes</u>	Date of Birth <u>Oct 30</u> 19 <u>21</u> Month Day Yr.
------------------------	------------------------------	-----	--------------------------------	------------------------	---

Full Name <u>Floyd John Gravelle</u>	FATHER	Full Maiden Name <u>Minnie Gertrude Mc Cafferty</u>	MOTHER
Residence <u>Ray, Ariz.</u>		Residence <u>Ray, Ariz.</u>	
Color or Race <u>W.</u>	Age at last Birthday <u>36</u> Years	Color or Race <u>W.</u>	Age at last Birthday <u>28</u> Years
Birthplace <u>M. Mex.</u>		Birthplace <u>Colo.</u>	
Occupation <u>Mechanic</u>		Occupation <u>H. M.</u>	

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*

I hereby certify that I attended the birth of the above child; and that it occurred on Oct 30 1921 at 11:45 M.

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

Signature O.E. Wynne, M.D.
Attending physician, midwife, householder.*

Address Ray, Ariz.

Given or Christian name added from a supplemental report _____ 1921

325-1030-448
COUNTY REGISTRAR.

Filed Nov 16 1921

Filed Nov 20 1921 A True Copy

W. J. Pugh
LOCAL REGISTRAR.

W. J. Pugh
COUNTY REGISTRAR.