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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 137

Co. Registrar's No. 59

Local Registrar's No. _____

PLACE OF BIRTH

County of Gila

District of _____

Town of Miami

or

City of _____

(No. _____ St. _____ Ward)

FULL NAME OF CHILD Randall Tolman Murrill

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Born Alive: YES ~~NO~~

Sex of Child	Twin, Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth (Month, Day, Yr.)
Male				yes	Nov. 17 1921

FATHER		MOTHER	
Full Name	Randall Tolman Murrill	Full Maiden Name	Mary Stoplet
Residence	Claypool - Arizona	Residence	Claypool, Arizona
Color or Race	White	Color or Race	White
Age at last Birthday	30 Years	Age at last Birthday	28 Years
Birthplace	Bonne Pere, Mo.	Birthplace	Lake City, Iowa
Occupation	Mining Engineer	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. 17, 1921, at 6:30 A.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.*

Address Miami, Arizona

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

Filed Nov 30 1921 B. M. Hand
LOCAL REGISTRAR.

943-1117-423
COUNTY REGISTRAR.

Filed Dec 5 1921 A True Copy B. G. Jay
COUNTY REGISTRAR.

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for the number of each, in order of birth, stated. This certificate must be filed by the attending or midwife with each local Registrar within 5 days after birth.