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N. B.—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.

PLACE OF BIRTH

County of Gila

District of

Town of Miami
or
City of

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 169

Co. Registrar's No. 103

Local Registrar's No.

(No. St: Ward)

FULL NAME OF CHILD Richard Warren Creasman

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

Born Alive YES ~~NO~~

Sex of Child Male | ~~Twin, Triplet~~ or other and Number in order of birth 5 | Legitimate? yes | Date of Birth March 25 1922 (Month Day Yr.)

FATHER	MOTHER
Full Name Felix Garfield Creasman	Full Maiden Name Floy Winona Robinson
Residence Miami - Arizona	Residence Miami, Arizona
Color or Race Caucasian — Age at last Birthday 36 Years	Color or Race Caucasian — Age at last Birthday 35 Years
Birthplace Bridgeport - Alabama	Birthplace Burnsville N. C.
Occupation Clerical	Occupation Housewife

Number of child of this Mother 5 | Number of Children, of this mother, now living 5 | 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 March 25, 1922 at 10 A.M.

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

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

Given or Christian name added from a supplemental report ..... 191..

Address Miami, Arizona

Filed Mar 31 1922 B. M. Haidy
LOCAL REGISTRAR.

935-325-695
COUNTY REGISTRAR.

Filed 4-5 1922 A True Copy B. G. Fox
COUNTY REGISTRAR.