4649

N. B.—A case of more than one child at birth, [illegible] 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. 89

Co. Registrar's No. 178

Local Registrar's No.

(No. St; Ward)

FULL NAME OF CHILD Grace Evelyn Brown

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

Born Alive YES ~~NO~~

Sex of Child Female | ~~Twin, Triplet~~ or other | and | Number in order of birth 2 | Legitimate? yes | Date of Birth May 3 1922 (Month Day Yr.)

FATHER		MOTHER	
Full Name	William Melton Brown	Full Maiden Name	Etta Brakefield
Residence	Miami, Arizona	Residence	Miami, Arizona
Color or Race	White	Color or Race	White
Age at last Birthday	25 Years	Age at last Birthday	22 Years
Birthplace	Chicago Ill.	Birthplace	Red Rock, New Mex.
Occupation	Miner	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*

I hereby certify that I attended the birth of the above child; and that it occurred on May 3, 1922 at 9 P.M. 30

*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

Filed May 19 1922 B. M. Hardy
LOCAL REGISTRAR.

725-503-524
COUNTY REGISTRAR.

Filed 6/3 1922 A True Copy B. G. Gay
COUNTY REGISTRAR.