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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 135

Co. Registrar's No. 476

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 Robert Larson Graham

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			2	yes	Oct.	8	1922

FATHER		MOTHER	
Full Name	Arthur Lee Graham	Full Maiden Name	Lucile Clevenger
Residence	Flagstaff, Arizona	Residence	Miami, Arizona
Color or Race	White	Color or Race	White
Age at last Birthday	25 Years	Age at last Birthday	21 Years
Birthplace	Phoenix, Arizona	Birthplace	Globe, Arizona
Occupation	R.R. Check clerk	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 Oct. 8 1922 at 10:25 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 Oct 12 1922 B. W. Hardy
LOCAL REGISTRAR.

924-1008-339
COUNTY REGISTRAR.

Filed 11/6 1922 A True Copy B. G. Jay
COUNTY REGISTRAR.

One 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.