

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Hila  
 District of \_\_\_\_\_  
 Town of Miami  
 or \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 167  
 Co. Registrar No. 186  
 Local Registrar No. \_\_\_\_\_

City of \_\_\_\_\_ No. Wairy Canon St. \_\_\_\_\_ (Ward)  
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Wilford Woodruff Crockett If child is not yet named, make supplemental report, as directed

3. Sex of child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 5. No., in order of birth 1 6. Legitimate? yes 7. Date of birth March 19-1923 (Month, day, year)

8. FATHER  
 Full name Wilford Woodruff Crockett  
 9. Residence (Usual place of abode) Miami - Ariz  
 If nonresident, give place and State  
 10. Color or race White  
 11. Age at last birthday 20 (Years)  
 12. Birthplace (city or place) Pima  
 (State or country) Ariz.  
 13. Occupation Blacksmith  
 Nature of industry  
 20. Number of children of this mother 1  
 (Taken as of time of birth of child here- in certified and including this child.)

14. MOTHER  
 Full maiden name Jacy Boggs  
 15. Residence (Usual place of abode) Miami - Ariz  
 If nonresident, give place and State  
 16. Color or race White  
 17. Age at last birthday 20 (Years)  
 18. Birthplace (city or place) Safford  
 (State or country) Ariz.  
 19. Occupation Housewife  
 Nature of industry  
 (a) Born alive and now living 1 (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at 10:20 a.m. on the date above stated.  
 (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature C. M. Cron M.D.  
 (Physician or midwife)

Address Miami - Arizona

Given name added from \_\_\_\_\_  
 a supplemental report \_\_\_\_\_  
 (Month, day, year)

Filed Mar 31, 1923 C. E. J. J. J. Local Registrar.

Filed 4-5, 1923 B. S. J. J. County Registrar.

Registrar.

633-319-122