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MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 113

County Registrar No. 391

Local Registrar No. 18

PLACE OF BIRTH

1. County of Gila

District of

Town of

or

City of Hayden No. St. Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Georgia Charles Crumrine — If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female — To be answered ONLY in event of plural births.

4. Twin, triplet or other

5. No., in order of birth

6. Legitimate? Yes

7. Date of birth June 9 1923 (Month day year)

FATHER

8. Full name Walter Edwin Crumrine

9. Residence (Usual place of abode) Miami, Ariz.

If nonresident, give place and state

10. Color or race White

11. Age at last birthday 26 (Years)

12. Birthplace (city or place) Alabama (State or country)

13. Occupation Nature of industry Painter

MOTHER

14. Full maiden name Belle Fern Robson

15. Residence (Usual place of abode) Miami, Ariz.

If nonresident, give place and state

16. Color or race White

17. Age at last birthday 21 (Years)

18. Birthplace (city or place) Illinois (State or country)

19. Occupation Nature of industry H. W.

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 2
(b) Born alive but now dead 0
(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive ~~or stillborn~~) at 4 30 A m. on the date above stated.

*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 evidences of life after birth.

Signature Fitz R. Winslow (Physician or midwife)

Address Hayden, Ariz.

Given name added from a supplemental report

Month, day, year.

Filed June 10, 1923 W. B. Nash Local Registrar.

Filed 7-9, 1923 B. G. Fox County Registrar.

Registrar.

735-609-295