

1825

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS  
**ORIGINAL CERTIFICATE OF BIRTH**

PLACE OF BIRTH  
1. County of Lula  
District of \_\_\_\_\_  
Town of \_\_\_\_\_  
or Globe  
City of \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

State Index No. 147  
County Registrar No. 376  
Local Registrar No. \_\_\_\_\_

2. Full name of child John Duncy Graham (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child M. To be answered ONLY in event of plural births. 4. Twin, triplet or other yes 5. No., in order of birth 2 6. Legitimate? \_\_\_\_\_ 7. Date of birth Aug 8 1923  
Month Day Year

8. FATHER Full name <u>George H. Graham</u>	14. MOTHER Full maiden name <u>Jene Adams</u>
9. Residence (Usual place of abode) <u>Pioneer Road Globe Ariz</u> If nonresident, give place and state	15. Residence (Usual place of abode) <u>Pioneer Road Globe</u> If nonresident, give place and state
10. Color or race <u>W.</u>	16. Color or race <u>W.</u>
11. Age at last birthday <u>24</u> (Years)	17. Age at last birthday <u>18</u> (Years)
12. Birthplace (city or place) <u>Aspen Colo</u> (State or country)	18. Birthplace (city or place) <u>Kansas City Kansas</u> (State or country)
13. Occupation <u>Machinist</u> Nature of industry <u>Miner</u>	19. Occupation <u>Housewife</u> Nature of industry
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 <u>2</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>	21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was alive at 9 p.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 W. Notont M.D.  
Address Globe Ariz  
(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year. \_\_\_\_\_  
Registrar. \_\_\_\_\_

Filed 5-10 1923 B. G. Jay Local Registrar.  
Filed 9-1 1923 W. G. J. A. County Registrar.

174-808-912