

1006

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila

BUREAU OF VITAL STATISTICS

State Index No. 193

District of _____

ORIGINAL CERTIFICATE OF BIRTH

County Registrar No. 353

Town of Miami

or _____

Local Registrar No. _____

City of _____

No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Norma Crum 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 1 6. Legitimate? yes 7. Date of birth Aug. 29, 1923 Month Aug day 29 year 1923

3. FATHER Full name Robert Roy Crum

14. MOTHER Full maiden name Ruth Smithson

9. Residence (Usual place of abode) Miami, Ariz If nonresident, give place and state

15. Residence (Usual place of abode) Miami, Ariz If nonresident, give place and state

10. Color or race White 11. Age at last birthday 23 (Years)

16. Color or race White 17. Age at last birthday 22 (Years)

12. Birthplace (city or place) Perble, Col. (State or country)

18. Birthplace (city or place) Aden, Ariz (State or country)

13. Occupation Nature of industry Miner

19. Occupation Nature of industry Housewife

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 1 (b) Born alive but now dead _____ (c) Stillborn _____ 21. Were precautions taken against opthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born (Born alive or stillborn.) at 11:45 a.m. on the date above stated.

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

Address Miami, Arizona

Filed Aug 31, 1923 Local Registrar. R. E. Duce

Filed 4-5-23 County Registrar. B. J. J. J.

534-829-925

ALL ORDERS OF BIRTH STATED.