9179

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. 134

County Registrar No. 668

Local Registrar No. .....

PLACE OF BIRTH

1. County of Gila

District of Lower Miami

Town of .....

or

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 Marjorie Craig — 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 Oct 11 1923 (Month day year)

FATHER	MOTHER
8. Full name Elmer Craig	14. Full maiden name Myrtle Louise ~~Craig~~ Yates
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 37 (Years)	16. Color or race White — 17. Age at last birthday 24 (Years)
12. Birthplace (city or place) (State or country) Texas	18. Birthplace (city or place) (State or country) Texas
13. Occupation Nature of industry Grocer	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 3
(b) Born alive but now dead 1
(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 at 29 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 evidences of life after birth.

Signature Cheerly E. Irwin M.D. (Physician or midwife)

Address Miami Arizona

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

Filed Oct 31, 1923 C. E. Irwin Local Registrar.

Registrar.

Filed 11-6, 1923 B. G. Fox County Registrar.

437-1011-482