

1055

WRITING FAINTLY 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 in order of birth stated.

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

PLACE OF BIRTH  
1. County of Globe  
District of \_\_\_\_\_  
Town of \_\_\_\_\_  
or  
City of Globe

State Index No. 197  
County Registrar No. 730  
Local Registrar No. \_\_\_\_\_

2. Full name of child Harry Dawson Crawford (If birth occurred in a hospital or institution, give its NAME instead of street and number)

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. \_\_\_\_\_ 6. Legitimate? yes. 7. Date of birth Oct. 31 23 (If child is not yet named, make supplemental report, as directed.)

8. FATHER		14. MOTHER	
Full name <u>Robert Dawson Crawford</u>		Full maiden name <u>Mary Ann Leggat</u>	
9. Residence (Usual place of abode) <u>Globe</u>		15. Residence (Usual place of abode) <u>Globe</u>	
If nonresident, give place and state <u>Arizona</u>		If nonresident, give place and state <u>Ariz.</u>	
10. Color or race <u>white</u>	11. Age at last birthday <u>25</u> (Years)	16. Color or race <u>white</u>	17. Age at last birthday <u>24</u> (Years)
12. Birthplace (city or place) <u>Monroe</u> (State or country) <u>Pennsylvania</u>		18. Birthplace (city or place) <u>Scotland</u> (State or country)	
13. Occupation Nature of industry <u>Bank Clerk.</u>		19. Occupation Nature of industry <u>Housewife.</u>	

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 at 6:30 A.M. on the date above stated.  
(Born alive or stillborn.)

Signature C. Williams  
Address \_\_\_\_\_  
(Physician or midwife)

\*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.

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

Filed 11-10, 1923 B.G. J. O. Local Registrar.  
Filed 11-10, 1923 B.G. J. O. County Registrar.

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