

1851

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

1. County of Gila State Index No. 149  
 District of Winkelmann County Registrar No. 765  
 Town of Winkelmann Local Registrar No. 1  
 or Ariz. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Robert Stapleton Grasty Jr. If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other Yes 5. No. in order of birth 1 6. Certificates Yes 7. Date of birth Nov. 12 1923  
 Month day year

8. FATHER Full name <u>Robert Stapleton Grasty</u>	14. MOTHER Full maiden name <u>Louise Crews</u>
9. Residence (Usual place of abode) <u>Winkelmann, Ariz.</u> If nonresident, give place and date	15. Residence (Usual place of abode) <u>Winkelmann, Ariz.</u> If nonresident, give place and date
10. Color or race <u>White, U.S.A.</u>	16. Color or race <u>U.S.A.</u>
11. Age at last birthday <u>31</u> (Years)	17. Age at last birthday <u>33</u> (Years)
12. Birthplace (city or place) (State or country) <u>Orange, Va.</u>	18. Birthplace (city or place) (State or country) <u>Danville, Va.</u>
13. Occupation Nature of industry <u>Garage Merchant</u>	19. Occupation Nature of industry <u>Housewife</u>

20. Number of children of this mother (a) Born alive and now living 1 (b) Born alive but now dead 2 (c) Stillborn 1  
 (Taken as of time of birth of child herein certified and including this child.) 21. Were precautions taken against ophthalmia neonatorum? Yes

I hereby certify that I attended the birth of this child, who was yes (Born alive or stillborn) at 3 A. m. on the date above stated.

Signature P. M. Butler, M.D. (Physician or midwife)  
 Address Winkelmann, Arizona  
 Filed Nov 15 1923 Local Registrar  
 Filed Nov 15 1923 County Registrar

Registrar. \_\_\_\_\_  
 978-1112-332