

162

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

1. County of Gila PLACE OF BIRTH
 District of _____
 Town of _____
 or _____
 City of Hayden No. Hayden Hospital St. _____ Ward _____
 (If birth occurred in hospital or institution, give its NAME instead of street and number)

2. Full name of child Edward James Graham, 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 _____
 5. No., in order of birth _____
 6. Legitimate? yes
 7. Date of birth Dec. 8, 1923
 Month Day Year

8. FATHER: Full name Edward James Graham
 9. Residence (Usual place of abode) Hayden, Ariz
 If nonresident, give place and state _____
 10. Color or race white
 11. Age at last birthday 19 (Years)
 12. Birthplace (city or place) New York
 (State or country) _____
 13. Occupation Store Proprietor
 Nature of industry _____

14. MOTHER: Full maiden name Cora Alice Hein
 15. Residence (Usual place of abode) Hayden, Ariz
 If nonresident, give place and state _____
 16. Color or race White
 17. Age at last birthday 37 (Years)
 18. Birthplace (city or place) Ohio
 (State or country) _____
 19. Occupation Housewife
 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 3
 (b) Born alive but now dead 0
 (c) Stillborn _____
 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 11:50 a.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 Harry C. Ladinsky, M.D. (Physician or midwife)
 Address Hayden, Ariz
 Given name added from a supplemental report _____
 Month, day, year. _____
 Registrars:
 Filed Dec 9th 1923 W. J. Nash Local Registrar.
 Filed 1-8 1924 B. J. S. O. County Registrar.

574-1208-385