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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. 160
County Registrar No. 12
Local Registrar No. _____

PLACE OF BIRTH
1. County of Yuma
District of _____
Town of Yuma
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 James Albert Graham
(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 1
6. Legitimate? Yes
7. Date of birth 12/25/23
Month/ day/ year

8. FATHER
Full name A. M. Graham
9. Residence (Usual place of abode) Yuma Ariz
If nonresident, give place and state _____

14. MOTHER
Full maiden name Elsie Justus
15. Residence (Usual place of abode) Yuma Ariz
If nonresident, give place and state _____

10. Color or race American white
11. Age at last birthday 30 (Years)

16. Color or race white American
17. Age at last birthday 26 (Years)

12. Birthplace (city or place) Ark.
(State or country)

18. Birthplace (city or place) Ark.
(State or country)

13. Occupation Dairyman
Nature of industry _____

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 7
(b) Born alive but now dead none
(c) Stillborn none
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 5 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 evidences of life after birth.
Signature J. H. Slaughter M.D.
Address Yuma Ariz
(Physician or midwife)

Given name added from _____
1 supplemental report _____
Month, day, year. Filed Jan 31 1924 P. E. Jones Local Registrar.
Filed 2/5 1924 B. G. Gray County Registrar.

Registrar.

174-1225-512