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PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Mila

District of \_\_\_\_\_

Town of Miami

or

City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 162a

County Registrar No. 184

Local Registrar No. \_\_\_\_\_

No. M. & J. Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Pruth Farrah Crowe 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 2 6. Legitimate? yes 7. Date of birth Jan. 22-1924  
Month Day Year

8. FATHER  
Full name Thomas Burke Crowe

14. MOTHER  
Full maiden name Ollie Hall

9. Residence (Usual place of abode) Miami  
If nonresident, give place and state Arizona

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If nonresident, give place and state Ariz

10. Color or race White

16. Color or race White

11. Age at last birthday 29 (Years)

17. Age at last birthday 25 (Years)

12. Birthplace (city or place) Kelly  
(State or country) New Mexico

18. Birthplace (city or place) Holt  
(State or country) New Mexico

19. Occupation  
Nature of industry Millman

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 2  
(b) Born alive but now dead \_\_\_\_\_  
(c) Stillborn \_\_\_\_\_

21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*13

I hereby certify that I attended the birth of this child, who was born at 124 m. on the date above stated.

\*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 C. M. Crow M.D. (Physician or midwife)

Address Miami, Arizona

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

Filed Feb 21, 1924 R. E. Dwin Local Registrar.

Filed 4-5, 1924 B. B. Floy County Registrar.

Registrar.

County Registrar.

935 - 122 - 683

MARGIN RESERVED FOR BIN  
WRITE PLAINLY WITH UNFADING INK—THE  
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.