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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 129a
County Registrar No. 684
Local Registrar No.

PLACE OF BIRTH
1. County of Gila
District of
Town of Miami
or
City of No. M. & I. Hosp. St. Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Doreen Cranswick — 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 3
6. Legitimate? yes
7. Date of birth July 8 - 1924 (Month day year)

FATHER	MOTHER
8. Full name Harry Cranswick	14. Full maiden name Mary Beatrice High
9. Residence (Usual place of abode) Miami	15. Residence (Usual place of abode) Miami
If nonresident, give place and state Ariz	If nonresident, give place and state Ariz.
10. Color or race Cauc.	16. Color or race Cauc.
11. Age at last birthday 36 (Years)	17. Age at last birthday 35 (Years)
12. Birthplace (city or place) Dalton	18. Birthplace (city or place) Berton
(State or country) England	(State or country) England
13. Occupation	19. Occupation
Nature of industry Mining.	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 3
(b) Born alive but now dead
(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 at 7P 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 Cyril M. Crow M.D.
(Physician ~~or midwife~~)
Address Miami Ariz.

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

Filed Sept 30, 1924 C. E. Tower
Local Registrar.

Registrar.

Filed 10-6, 1924 B. [illegible]
County Registrar.

432.708-488

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD