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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. 172

County Registrar No. 598

Local Registrar No.

PLACE OF BIRTH

1. County of Gila

District of

Town of Miami

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 Lucille Love Crunk } 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 July 29 1924 (Month day year)

FATHER	MOTHER
8. Full name Earnest Warren Crunk	14. Full maiden name Adabelle Boyles
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 36 (Years)
12. Birthplace (city or place) Lebanon	18. Birthplace (city or place) Kansas City
(State or country) Mo.	(State or country) Kansas
13. Occupation Nature of industry Smelterman	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*

I hereby certify that I attended the birth of this child, who was born at 5-51 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 Cyril M. Crow M.D.
(Physician ~~or midwife~~)

Address Miami, Ariz.

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

Filed Aug 31, 1924 C. E. Dixon Local Registrar.

Registrar.

Filed 9-5 1924 B. G. Fox County Registrar.

332-729-122