

1176

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

PLACE OF BIRTH
1. County of Gila,
District of Globe,
Town of _____
or
City of Globe,

State Index No. 212
County Registrar No. 927
Local Registrar No. _____

2. Full name of child Clayton Edward Graham,
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
No. _____ St. _____ Ward _____
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 11 30 1924
Month day year

<p>8. FATHER Full name <u>Nig Graham,</u> 9. Residence (Usual place of abode) <u>Globe,</u> If nonresident, give place and state _____ 10. Color or race <u>White</u> 11. Age at last birthday <u>24</u> (Years)</p>	<p>14. MOTHER Full maiden name <u>Marge Ollson,</u> 15. Residence (Usual place of abode) <u>Globe,</u> If nonresident, give place and state _____ 16. Color or race <u>White,</u> 17. Age at last birthday <u>19</u> (Years)</p>
<p>12. Birthplace (city or place) (State or country) <u>Texas,</u></p>	<p>18. Birthplace (city or place) (State or country) <u>Globe, Arizona,</u></p>
<p>13. Occupation Nature of industry <u>Laborer,</u></p>	<p>19. Occupation Nature of industry <u>Housewife,</u></p>

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 _____
(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 Alive, at 8 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.
Given name added from a supplemental report _____
Month, day, year. _____

Signature G. E. Wightman (Physician or midwife)
Address Globe, Ariz.

Filed 12-1 1924 B. J. J. J. J. Local Registrar.
Filed DEC 5 1924 B. J. J. J. J. County Registrar.

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