

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 marked.

ARIZONA STATE BOARD OF HEALTH

PLACE OF BIRTH

1. County of Wilcox
 District of Globe
 Town of _____
 or Globe
 City of _____

BUREAU OF VITAL STATISTICS ORIGINAL CERTIFICATE OF BIRTH

State Index No. 113
 County Registrar No. 146
 Local Registrar No. 28

2. Full name of child Robert Erastus Krumkey

3. Sex of Child m To be answered ONLY in event of plural births.
 4. Twin, triplet or other... y
 5. No., in order of birth _____
 6. Legitimate? yes
 7. Date of birth 2 8 1925
Month Day Year

8. FATHER
 Full name Frank Krumkey

14. MOTHER
 Full maiden name Annie Eddie (Krumkey)

9. Residence (Usual place of abode) Crysotile Ariz
 If non-resident, give place and state.

15. Residence (Usual place of abode) Crysotile Ariz
 If non-resident, give place and state.

10. Color or race w
 11. Age at last birthday 35 (Years)

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

12. Birthplace (city or place) Butte Montana
(State or country)

18. Birthplace (city or place) Bald Mountain Colorado
(State or country)

13. Occupation Mine Foreman
 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 3
 (b) Born alive but now dead 0
 (c) Stillborn 0

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 _____ at 7 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 Clorence Ginter (Physician or midwife)
 Address Globe Ariz

Given name added from a supplemental report _____
 Month, day, year _____
 Registrar _____
 Filed Mar 7 1925 G. E. Wylburn Local Registrar.
 Filed Mar 9 1925 G. E. Wylburn County Registrar.

928-208-155