

PLACE OF BIRTH

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

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 159
 County Registrar No. _____
 Local Registrar No. 32

2. Full name of child Robert Graham Gray, (If birth occurred in a hospital or institution, give its NAME instead of street and number)

{ If child is not yet named, make supplemental report, as directed.

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 3 17 1925
 Month Day Year

8. FATHER
 Full name John Robert Gray,

14. MOTHER
 Full maiden name Alice graham.

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

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

10. Color or race White
 11. Age at last birthday 37 (Years)

16. Color or race White
 17. Age at last birthday 27 (Years)

12. Birthplace (city or place) Mattoon,
 (State or country) Ill.

18. Birthplace (city or place) Alliance,
 (State or country) Neb.

13. Occupation
 Nature of Industry Prop. of Meat Market,

19. Occupation
 Nature of Industry Trained Nurse,

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 1
 (b) Born alive but now dead 1
 (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 Alive, at 1:30 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 evidence of life after birth.

Signature G. E. Wightman (Physician or midwife.)

Address Globe, Arizona,

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

Filed Mar. 23, 1925 G. E. Wightman
 Local Registrar.

Filed _____, 19 _____ G. E. Wightman
 County Registrar.

Registrar

974 - 317 - 174

MARGIN RESERVE

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. IN CASE OF MORE THAN ONE CHILD AT A BIRTH, A SEPARATE RETURN MUST BE MADE FOR EACH CHILD.