

**ARIZONA STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**STANDARD CERTIFICATE OF BIRTH**

State File No. 123  
 Registered No. 141

1. PLACE OF BIRTH  
 County Gila State Arizona  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Miami No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

2. Full name of child Raymond Crockett  
(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 \_\_\_\_\_ 6. Legitimate? yes  
 5. No., in order of birth 1 7. Date of birth June 1 - 1920  
 Month Day Year

8. FATHER  
 Full name Wilford W. Crockett  
 9. Residence (Usual place of abode) Miami Ariz  
 If non-resident, give place and state.  
 10. Color or race Cauc.  
 11. Age at last birthday 22 (Years)  
 12. Birthplace (city or place) Pima Ariz.  
 (State or country)  
 13. Occupation  
 Nature of industry Mining

14. MOTHER  
 Full maiden name Jacy Boggs  
 15. Residence (Usual place of abode) Miami Ariz  
 If non-resident, give place and state.  
 16. Color or race Cauc.  
 17. Age at last birthday 22 (Years)  
 18. Birthplace (city or place) Safford Ariz.  
 (State or country)  
 19. Occupation  
 Nature of industry Housewife

20. Number of children of this mother \_\_\_\_\_ } (a) Born alive and now living 1  
 (Taken as of time of birth of child herein certified and including this child.) } (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 stillborn at 12:30 P. M. on the date above stated  
(Born alive or stillborn)

Signature Cyril M. Brown, M.D.  
Miami, Arizona  
(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_  
 Month, day, year \_\_\_\_\_  
 Address Box 29-  
 Filed July 2, 1921 C. E. Irwin  
 Registrar

933-601-122

MARGIN RESERVED FOR BINDING  
 WRITE FULLY 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.