

MARGIN RESERVE FOR BINDING

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  
STANDARD CERTIFICATE OF BIRTH

State File No. 139 ✓  
Registered No. 103

1. PLACE OF BIRTH

County Gila State Ariz

District or Township \_\_\_\_\_ or Village \_\_\_\_\_

City Miami No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Helen Crum { 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 June 7 1925  
Month Day Year

8. FATHER  
Full name Robert Ray Crum

14. MOTHER  
Full maiden name Ruth Annie Smithson

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

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

10. Color or race Caucasian 11. Age at last birthday 24 (Years)

16. Color or race Caucasian 17. Age at last birthday 23 (Years)

12. Birthplace (city or place) Perth Colorado  
(State or country)

18. Birthplace (city or place) Eden Arizona  
(State or country)

13. Occupation electrician  
Nature of Industry mining

19. Occupation Housewife  
Nature of Industry \_\_\_\_\_

20. Number of children of this mother 2 (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 none (c) Stillborn none 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 7:20 p.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 Gayle M. Brown  
(Physician or midwife).

Given name added from a supplemental report \_\_\_\_\_ Address \_\_\_\_\_

Month, day, year \_\_\_\_\_ Filed June 11, 1925 P. E. Dow

Registrar \_\_\_\_\_ Registrar

8311-607-925