

WRITE PLASGLY 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.

PLACE OF BIRTH

# ARIZONA STATE BOARD OF HEALTH

1. County of Catalina  
 District of Winkelman  
 Town of Winkelman  
 or Arizona  
 City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 167  
 County Registrar No. \_\_\_\_\_  
 Local Registrar No. \_\_\_\_\_

2. Full name of child Ella Norman Grasty

3. Sex of Child Female To be answered ONLY in event of plural births. }  
 4. Twin, triplet or other. 2 }  
 5. No., in order of birth 2 }  
 6. Legitimate? Yes }  
 7. Date of birth June 15, 1925  
 Month Day Year

8. FATHER  
 Full name Robert Stapleton Grasty

14. MOTHER  
 Full maiden name Annette Louise Crews

9. Residence (Usual place of abode) Winkelman, Ariz.  
 If nonresident \_\_\_\_\_

15. Residence (Usual place of abode) Winkelman, Ariz.  
 If nonresident \_\_\_\_\_

10. Color or race White, USA

11. Age at last birthday 33 (Years)

16. Color or race White, USA

17. Age at last birthday 35 (Years)

12. Birthplace (city or place) Orange, Va.  
 (State or country)

18. Birthplace (city or place) Danville, Va.  
 (State or country)

13. Occupation  
 Nature of industry Automobile & Medicine

19. Occupation  
 Nature of industry Housewife

20. Number of children of this mother (a) Born alive and now living 2  
 (b) Born alive but now dead 1  
 (c) Stillborn 1

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 Red (Born alive or stillborn.) at 9:15 a.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 P. M. Dutton, M.D.  
 Address Winkelman, Arizona  
 (Physician or midwife)

Given name added from a supplemental report Yes  
 Month, day, year.

Filed June 16, 1925  
 Local Registrar.

Registrar. \_\_\_\_\_ County Registrar. \_\_\_\_\_

578-615-132