

order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Yuma
District of _____
Town of Miami
or _____
City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 133
County Registrar No. _____
Local Registrar No. 617

No. Miami - Imperial Hospital Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Barbara Lee Graham { 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 _____ 6. Legitimate? yes 7. Date of birth April 8 1926
Month Day Year

8. FATHER
Full name George Graham

14. MOTHER
Full maiden name Alma Frances Robbins

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

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If non-resident, give place and state.

10. Color or race White 11. Age at last birthday 29 (Years)

16. Color or race White 17. Age at last birthday 21 (Years)

12. Birthplace (city or place) Bisbee
(State or country) Arizona

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

13. Occupation Warehouse man
Nature of industry Copper mine

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 1
(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 alive at 4:07 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 J. J. Miller
(Physician or midwife).
Address Miami, Arizona

Given name added from a supplemental report _____ Filled May 28, 1926 C. E. Dorn
Month, day, year Local Registrar.

Registrar _____ Filled _____, 19____ County Registrar.

274-408-192