

WRITE - MAINLY WITH UNFADING INK - THIS IS A SEPARATE RETURN must be made for each, and the number of each 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 Gila
District of _____
Town of Miami
or
City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 196
County Registrar No. 893
Local Registrar No. _____

2. Full name of child Robert Gabriel Green (If birth occurred in a hospital or institution, give its NAME instead of street and number) St. _____ Ward _____
(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 Oct. 25, 1926
Month Day Year

8. FATHER
Full name Robert Harris Green
9. Residence (Usual place of abode) Claypool, Ariz.
If non-resident, give place and state.
10. Color or race Cauc. 11. Age at last birthday 21 (Years)

14. MOTHER
Full maiden name Anna May Sanders
15. Residence (Usual place of abode) Claypool, Arizona
If non-resident, give place and state.
16. Color or race Cauc. 17. Age at last birthday 19 (Years)

12. Birthplace (city or place) Alamogordo, New Mex.
(State or country)
13. Occupation Steel Sharpener
Nature of industry Mining

18. Birthplace (city or place) Miami, Arizona
(State or country)
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 2
(b) Born alive but now dead _____
(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 born at 7 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 Cyril M. Cron M.D. (Physician or midwife)
Address Miami, Arizona

Given name added from a supplemental report. Filed Nov 4, 1926 C. E. Jones
Month, day, year Local Registrar.

Registrar

Filed _____, 19 _____

County Registrar.

975-1025-122