MARGIN RESERVED 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. 1442

Registered No. 742

1. PLACE OF BIRTH

County Gila State Arizona

Township or Village

City Miami No. Miami Insp. Hospital St. Ward

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

2. Full name of child Norma Bray { If child is not yet named, make supplemental report, as directed

3. Sex Female | If plural births { 4. Twin, triplet, or other 5. Number, in order of birth | 6. Premature Full term | 7. Legitimate? yes | 8. Date of birth May 14, 1928 (Month, day, year)

FATHER

9. Full name Norman Victor Bray

10. Residence (usual place of abode) (If nonresident, give place and State) Miami Ariz.

11. Color or race Cauc | 12. Age at last birthday 26 (Years)

13. Birthplace (city or place) (State or country) Redruth England

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Mining

16. Date (month and year) last engaged in this work , 19

17. Total time (years) spent in this work

MOTHER

18. Full maiden name Elizabeth Cranswick

19. Residence (usual place of abode) (If nonresident, give place and State) Miami Ariz

20. Color or race Cauc | 21. Age at last birthday 18 (Years)

22. Birthplace (city or place) (State or country) Dalton-in-Furness England

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work , 19

26. Total time (years) spent in this work

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation { months or weeks

29. Cause of stillbirth { Before labor During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born alive or ~~stillborn~~) at 4 P. m. on the date above stated

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return. }

(Signed) Cyril M. Cron M. D., M.D.

or , Midwife

Address

Given name added from a supplemental report (Date of)

Filed June 25 1932. C. E. Orrin Registrar.

Registrar.

528-514-522