

## PLACE OF BIRTH

## ARIZONA STATE BOARD OF HEALTH

1. County of Gila

District of \_\_\_\_\_

Town of \_\_\_\_\_

or

City of GlobeBUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTHState Index No. 145County Registrar No. 84

Local Registrar No. \_\_\_\_\_

2. Full name of child Thomas Montrose Graham No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

If child is not yet named, make supplemental report, as directed.

3. Sex of Child

mTo be answered ONLY  
in event of plural  
births.

4. Twin, triplet or other \_\_\_\_\_

6. Legitimate?

yes7. Date of birth July 15, 1928  
Month day year

5. No., in order of birth \_\_\_\_\_

8. FATHER

Full name Thomas Murray Graham9. Residence  
(Usual place of abode) Globe, Ariz.  
If nonresident, give place and state

10. Color or race

white11. Age at last birthday 44 (Years)12. Birthplace (city or place) Scotland  
(State or country)

13. Occupation

Nature of industry Minister

14. MOTHER

Full maiden name Erin Bennett Walker15. Residence  
(Usual place of abode) Globe, Ariz.  
If nonresident, give place and state

16. Color or race

white17. Age at last birthday 31 (Years)18. Birthplace (city or place) Canyon City, Colorado  
(State or country)

19. Occupation

Nature of industry Housewife

20. Number of children of this mother

(Taken as of time of birth of child here certified and including this child.)

(a) Born alive and now living three  
(b) Born alive but now dead none  
(c) Stillborn none21. 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 4:00 p. 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 evidences of life after birth.

Given name added from a supplemental report

Signature

Address

T. C. Harper  
(Physician or midwife)Globe, ArizonaFiled 6 18, 1928 J. E. Wightman  
Local Registrar.

Registrar.

Filed \_\_\_\_\_, 19\_\_\_\_  
County Registrar.

374-515 569