PLACE OF BIRTH SUPPLEMENT ATTACHED

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

1. County of Graham
District of Safford
Town of Thatcher
or
City of ..... No. ..... St. ..... Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

State Index No. 211
County Registrar No. .....
Local Registrar No. 129

2. Full name of child Robinson } 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: 7 (Month) 21 (day) 28 (year)

8. FATHER	14. MOTHER
Full name: Irwin J. Robinson	Full maiden name: Lewie Tenney
9. Residence (Usual place of abode) If nonresident, give place and state: Thatcher	15. Residence (Usual place of abode) If nonresident, give place and state: Thatcher
10. Color or race: White; 11. Age at last birthday 31 (Years)	16. Color or race: White; 17. Age at last birthday 30 (Years)
12. Birthplace (city or place) (State or country): Old Mexico	18. Birthplace (city or place) (State or country): Old Mexico
13. Occupation Nature of industry: mechanic	19. Occupation Nature of industry: Housewife

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 4
(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 alive (Born alive ~~or stillborn.~~) at 11:30 p.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 evidences of life after birth.

Signature [signature] (Physician or midwife)
Address Safford

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

Filed Sept 8 1928 J. N. Stratton H.B.J. Local Registrar.

..... Registrar.

Filed ..... 19.. ..... County Registrar.

495-721-338

in order of birth stated.