

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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. 162
 Registered No. 367

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township Lower Miami or Village _____
 City Miami No. Van Hookle Cyn. St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child

Tray Jeanette Griffis

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

3. Sex of Child <u>female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other.....	6. Legitimate?	7. Date of birth <u>August 26 1928</u> Month Day Year
		5. No., in order of birth.....	<u>yes</u>	

8. FATHER
 Full name Walter Lee Griffis

14. MOTHER
 Full maiden name Flossie Campbell

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

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

10. Color or race
White

11. Age at last birthday 27 (Years)

16. Color or race
White

17. Age at last birthday 20 (Years)

12. Birthplace (city or place)
 (State or country) Tennessee

18. Birthplace (city or place)
 (State or country) Franklin, Arizona

13. Occupation
 Nature of industry Coper
Copper mine

19. Occupation
 Nature of industry Housewife

20. Number of children of this mother..... <small>(Taken as of time of birth of child herein certified and including this child).</small>	(a) Born alive and now living..... <u>1</u>	21. Were precautions taken against ophthalmia neonatorum. <u>yes</u>
	(b) Born alive but now dead..... <u>0</u>	
	(c) Stillborn..... <u>0</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 7:30 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 J. J. Miller
M.D.
(Physician or midwife)

Given name added from a supplemental report _____ Address Miami, Arizona

Month, day, year _____ Filed Aug 30 1928 Lo E. Dorin Registrar.

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