ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 172

Registered No. 30

1. PLACE OF BIRTH

County Gila State Arizona

District or Township ..... or Village .....

City Miami No. 16 Oak St. Claypool, Ariz. Ward

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

2. Full name of child Dorothy Gene Cromer { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female | 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 Jan. 24 - 1929. Month Day Year

8. FATHER

Full name Eugene Bryan Cromer

9. Residence (Usual place of abode) Claypool, Arizona

If non-resident, give place and state.

10. Color or race Cauc.

11. Age at last birthday 26 (Years)

12. Birthplace (city or place) Bryans Mill, Texas (State or country)

13. Occupation Millman

Nature of industry Mining

14. MOTHER

Full maiden name Nellie Fay Shaw

15. Residence (Usual place of abode) Claypool, ~~Miami~~ Arizona

If non-resident, give place and state.

16. Color or race Cauc.

17. Age at last birthday 25 (Years)

18. Birthplace (city or place) Duffau, Erath Co., Texas (State or country)

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.) 2

(a) Born alive and now living 2

(b) Born alive but now dead 0

(c) Stillborn 0

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 alive (Born alive or ~~stillborn~~.) at 4 30 A. 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 evidence of life after birth.

Signature Cyril M. Cron M.D.

Physician (Physician or ~~midwife~~).

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

Address Miami, Arizona

489 - 124 - 526 Registrar

Filed Jan 28, 1929 C. E. [illegible] Registrar

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.