

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 189
 Registered No. 2

1. PLACE OF BIRTH

County Dila State Arizona
 District or Township _____ or Village _____
 City Miami No. Miami Insp. Hospital Ward _____
(If birth occurred in a hospital for institution, give its NAME instead of street and number)
(If child is not yet named, make supplemental report, as directed.)

2. Full name of child Ruth Eleanor Graefe

3. Sex of Child Female To be answered ONLY in event of plural births. } 4. Twin, triplet or other _____ Legitimate? yes } 7. Date of birth Dec. 30 - 1929
 Month Day Year

8. FATHER
 Full name Lawrence Robert Graefe
 9. Residence (Usual place of abode) Miami
 If non-resident, give place and state. Arizona

14. MOTHER
 Full maiden name Ruth Ryden
 15. Residence (Usual place of abode) Miami
 If non-resident, give place and state. Arizona

10. Color or race Cauc. 11. Age at last birthday 28 (Years)

16. Color or race Cauc. 17. Age at last birthday 25 (Years)

12. Birthplace (city or place) Grand Island
 (State or country) Nebraska

18. Birthplace (city or place) San Antonio
 (State or country) Texas

13. Occupation Shipping Clerk
 Nature of industry Miami Com. Co.

19. Occupation Housewife
 Nature of industry _____

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

I hereby certify that I attended the birth of this child, who was born alive at 8:38 P. 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 Dr. J. E. Bacon; Dr. C. M. Cron
1 Physicians (Physician or midwife)

Given name added from a supplemental report _____ Address Miami, Arizona
 Month, day, year _____ Filed Jan 10 1930 S. E. D... Registrar

Registrar 975-1230-995