

2702

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. This certificate must be filed by the attending Physician or Midwife with each local Registrar within 6 days after birth.

PLACE OF BIRTH
 County of Maricopa
 District of _____
 Town of _____
 or Phoenix
 City of _____

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

State Index No. 413
 Co. Register No. 7512
 Local Registrar's No. 6613

(No. R. F. D. #1 St; _____ Ward)

FULL NAME OF CHILD Dorothy Crawford Cranston } Born YES
 } Alive NO

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Sex of Child <u>Girl</u>	<u>None</u> or other	and	Number in order of birth <u>11</u>	Legitimate? <u>Yes</u>	Date of Birth <u>October 28</u> , 1919 (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>F. R. Cranston.</u>			Full Maiden Name <u>Nancy Berry</u>		
Residence <u>R. F. D. #1</u>			Residence <u>R. F. D. #1</u>		
Color or Race <u>American</u>			Color or Race <u>American</u>		
Age at last Birthday <u>49</u> (Years)			Age at last Birthday <u>39</u> (Years)		
Birthplace <u>Hot Spring, Arkansas.</u>			Birthplace <u>Birmingham, Alabama.</u>		
Occupation <u>Rancher</u>			Occupation <u>Housewife.</u>		

Number of child of this mother... 11 Number of children, of this mother, now living... 8 Were precautions taken against Ophthalmia neonatorum?... Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on Oct. 28, 1919, at 5 A. M.

{ *When there is no attending physician or midwife, then the householder should make this return. }

(Signature) John W. Thomas
 Attending physician, midwife, householder.

Address 306 Goodrich Bldg.

Given or christian name added from a supplemental report _____ 191____

Filed 11-25 191____

A True Copy

435-1028-528
 COUNTY REGISTRAR.

LOCAL REGISTRAR
Dr. H. W. Crum
 COUNTY REGISTRAR.