

CA2

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

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH
 (No. 914 N 15 Ave St; _____ Ward)

State Index No. 323
 Co. Register No. 1697
 Local Registrar's No. 6807

FULL NAME OF CHILD _____ } Born } YES
 If child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive } NO

Sex of Child M } Twin, Triplet or other } and } Number in order of birth } Legiti- mate? yes } Date of Birth Dec 21 1919
 (Month) (Day) (Yr.)

FATHER		MOTHER	
Full Name	<u>Alfred E. Dearing</u>	Full Maiden Name	<u>Oliver Crawford</u>
Residence	<u>814 N 15 Ave</u>	Residence	<u>same</u>
Color or Race	<u>White</u>	Color or Race	<u>White</u>
Age at last Birthday	<u>42</u> (Years)	Age at last Birthday	<u>33</u> (Years)
Birthplace	<u>Tex.</u>	Birthplace	<u>Ark.</u>
Occupation	<u>Laborer</u>	Occupation	<u>Housewife</u>

Number of child of this mother 4 | Number of Children, of this mother, now living 3 | Were precautions taken against Ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on Dec 21 1919, at 7a M.

{ *When there is no attending physi- } (Signature) [Signature]
 { cian or midwife, then the householder } (Attending physician, midwife, householder.*)

Given or Christian name added from a _____ Address _____
 supplemental report _____ 1919

Filed 12-23 1919 LOCAL REGISTRAR.
 Filed 1-5 1920 A True Copy [Signature]
 COUNTY REGISTRAR. COUNTY REGISTRAR.