

970

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

County of Monrovia
District of _____
Town of _____
or _____
City of Phoenix

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH
State Index No. 252 1052
Co. Register No. 1042 333
Local Registrar's No. 3688

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

Sex of Child	<u>Boy</u>	Twin, Triplet or other		and	Number in order of birth	Legitimate?	<u>yes</u>	Date of Birth	<u>March 9th</u>	191 <u>6</u>	
								(Month)	(Day)	(Yr.)	
Full Name	FATHER <u>Elisha Crawford</u>					Full Maiden Name	MOTHER <u>Linda Robinson</u>				
Residence	<u>Alex City</u>					Residence	<u>Alex City</u>				
Color or Race	<u>White</u>	Age at last Birthday	<u>47</u>	(Years)	Color or Race	<u>White</u>	Age at last Birthday	<u>35</u>	(Years)		
Birthplace	<u>Ark</u>					Birthplace	<u>Ark</u>				
Occupation	<u>Builder</u>					Occupation	<u>Housewife</u>				
Number of child of this mother	<u>9</u>	Number of children, of this mother, now living	<u>8</u>	Were precautions taken against Ophthalmia neonatorum?	<u>yes</u>						

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child; and that it occurred on March 9th 1916, at 80 M.

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

(Signature) [Signature]
(Attending physician, midwife, householder)

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

Address Phoenix

934-309-495
COUNTY REGISTRAR.

Filed Apr 1 1916

[Signature]
LOCAL REGISTRAR.

Filed Apr 10 1916

A True Copy [Signature]
COUNTY REGISTRAR.