

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 53
Registered No. 522

1. PLACE OF BIRTH

County Cochise State Ariz
District or Township Bisbee or Village _____
City Bisbee No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Bonnie Jean Gras } 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 _____ 6. Legitimate? Yes 7. Date of birth Dec 22 1930
Month Day Year

8. FATHER
Full name Ralph K. Gras
9. Residence (Usual place of abode) Bisbee
If non-resident, give place and state _____

14. MOTHER
Full maiden name Bonnie Young
15. Residence (Usual place of abode) Bisbee
If non-resident, give place and state _____

10. Color or race White 11. Age at last birthday 32 (Years)

16. Color or race White 17. Age at last birthday 28 (Years)

12. Birthplace (city or place) Alabama
(State or country)

18. Birthplace (city or place) Okla
(State or country)

13. Occupation Mine
Nature of Industry _____

19. Occupation Housewife
Nature of Industry _____

20. Number of children of this mother 4 } (a) Born alive and now living 4
(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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 12:05 A 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 [Signature] (Physician or ~~midwife~~)

Given name added from a supplemental report _____ Address Bisbee, Ariz
Month, day, year _____ Filed 1/6 1931 R. B. Lempfer Registrar.

276-1222-237