

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.

SUPPLEMENT ATTACHED

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

State File No. 87a
Registered No. 83

1. PLACE OF BIRTH

County Cochise State _____
District or Township Bisbee or Village _____
City Bisbee No. _____ St. _____ Ward _____

2. Full name of child Margie Luene Graff { 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 _____ 5. Legitimate? yes 6. Date of birth Jun 25 1927
Month Day Year

8. FATHER Full name Ralph Louis Graff

14. MOTHER Full maiden name Bonnie Long

9. Residence (Usual place of abode) Bisbee
If non-resident, give place and state.

15. Residence (Usual place of abode) Bisbee
If non-resident, give place and state.

10. Color or race White

16. Color or race White

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

18. Birthplace (city or place) _____
(State or country) Oklahoma

13. Occupation Nature of industry miner

19. Occupation Nature of industry Housewife

20. Number of children of this mother 3
(Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 2
(b) Born alive but now dead _____
(c) Stillborn _____

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 5:20 P. m. on the date above stated
(Born alive or stillborn.)

Signature [Signature]
196 Bisbee
(Physician or midwife).

Given name added from a supplemental report _____ Address _____
Month, day, year _____

Filed 3-14-27, 19 1927 Registrar R. B. Loufer
Registrar

476-125-237