

PLACE OF BIRTH
Cochise

ARIZONA STATE BOARD OF HEALTH

1. County of *Maricopa*
District of *Phoenix*
Town of _____
or *Bisbee*
City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. *57*
County Registrar No. _____
Local Registrar No. _____

No. *257* *Temby Ave* St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child *Ralph Earl Gray*
3. Sex of Child *Male* To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth *2* 6. Legitimate? *yes* 7. Date of birth *June 13 - 1925*
Month Day Year

8. FATHER
Full name *Ralph L. Gray*

14. MOTHER
Full maiden name *Bonnie M. Long*

9. Residence *257 Temby Ave*
(Usual place of abode) *Bisbee*
If non-resident, give place and state.

15. Residence *257 Temby Ave*
(Usual place of abode) *Bisbee Ariz*
If non-resident, give place and state.

10. Color or race *American*

11. Age at last birthday *26* (Years)

16. Color or race *American*

17. Age at last birthday *22* (Years)

12. Birthplace (city or place) *Pratt City*
(State or country) *Alabama*

18. Birthplace (city or place) *Cameron*
(State or country) *Oklahoma*

13. Occupation *miner*
Nature of Industry *copper*

19. Occupation *housewife*
Nature of Industry

20. Number of children of this mother (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* (born alive or stillborn) at _____ m. 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 *Edmiston Donagh*
Address *Box 1177 Bisbee Arizona*
(Physician or midwife)

Given name added from a supplemental report _____ Filed *6-22-25*, 19 _____
Month, day, year _____ Local Registrar.

Registrar _____ Filed _____, 19 _____
County Registrar.

976-613-237

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD
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.
MARGIN RESERVED FOR BINDING