

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Yavapai
 District of _____
 Town of Jerome
 or _____
 City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTHState Index No. 655

County Registrar No. _____

Local Registrar No. 475No. N.V. Hospital St. _____ Ward _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child MARWIN THOMAS GRIFFIN } If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male } To be answered ONLY in event of plural births. } 4. Twin, triplet or other _____ } 5. Legitimate? yes } 6. Date of birth Dec 27 1925 }
 7. Date of birth _____ }
 8. No., in order of birth _____ } Month _____ day _____ year _____

8. FATHER Full name Alvin William Griffin } 14. MOTHER Full maiden name Mary Rickie

9. Residence (Usual place of abode) Jerome Ariz. } 15. Residence (Usual place of abode) Jerome
 If nonresident, give place and state _____ } If nonresident, give place and state _____

10. Color or race White } 16. Color or race White } 11. Age at last birthday 27 (Years) } 17. Age at last birthday 31 (Years)

12. Birthplace (city or place) South America } 18. Birthplace (city or place) Newport Kentucky
 (State or country) _____ } (State or country) _____

13. Occupation Foreman } 19. Occupation Housewife
 Nature of industry mine } Nature of industry _____

20. Number of children of this mother } (a) Born alive and now living 1 } 21. Were precautions taken against ophthalmia neonatorum? yes.
 (Taken as of time of birth of child herein } (b) Born alive but now dead 0 }
 certified and including this child.) } (c) Stillborn 0 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive on the date above stated.
(Born alive or stillborn)Signature Jerome W. Griffiths M.D. (Physician or midwife)Address Jerome, Ariz.

Given name added from a supplemental report _____

Month, day, year _____ Filed Jan 5 1926 Local Registrar.

Registrar. _____ Filed _____ 19 _____ County Registrar.

475-1027-495