PLACE OF BIRTH  1. County of	ARIZONA STATE BOARD OF HEALTH
District of June	BUREAU OF VITAL STATISTICS State Index No. 592
or There	ORIGINAL CERTIFICATE OF BIRTH County Registrar No. 23
	(If birth occurred in a hospital or institution, give its NAME instead of street and number
	supplemental report, as directe
3. Sex of Child To be anywered ONLY in event of plural births.	4. Twin, triplet or other
8. FATHER	MOTHER 1
Full name John K. Cro	Full maiden name Levelow Walke
1	und   15. Residence (Usual place of abode) fund
If nonresident, give place and state	If nonresident, give place and state
1 7	t birthday & 6 (Years) While 17. Age at last birthday (Year
12. Birthplace (city or place)	Lao 18. Birthplace (city or place) Lefas
(State or country)	(State or country)
13. Occupation Nature of industry	Red. Nature of industry Housewife
(Taken as of time of birth of child herein )	(a) Born alive and now living
CERTIF	ICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth	Born alive or ethborn.)
*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	Signature (Physician or midwife)
other evidence of life after birth.  Given name added from	Address June Cong 28 382)
a supplemental report	Filed Dic 28, 1923 Howarking Geal Registrar.
	Filed 1929 MAN TOTAL

WARITE PLAINLY WITH UNPADING INK—THIS IS A PERMANENT RECORD