

ARIZONA STATE BOARD OF HEALTH

PLACE OF BIRTH

1. County of Gila
 District of _____
 Town of Miami
 or _____
 City of _____

BUREAU OF VITAL STATISTICS ORIGINAL CERTIFICATE OF BIRTH

State Index No. 155
 County Registrar No. 76
 Local Registrar No. _____

2. Full name of child Claud Bolton Harris No. Claypool St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
{ 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. _____ 6. Legitimate? yes
 5. No., in order of birth. _____ 7. Date of birth Feb. 18 - 1927
Month Day Year

8. FATHER
 Full name Roy Clay Harris
 9. Residence Claypool, Ariz.
(Usual place of abode)
 If non-resident, give place and state.

14. MOTHER
 Full maiden name Estelle Fowler
 15. Residence Claypool, Ariz.
(Usual place of abode)
 If non-resident, give place and state.

10. Color or race Cauc. 11. Age at last birthday 28 (Years)

16. Color or race Cauc. 17. Age at last birthday 23 (Years)

12. Birthplace (city or place) Maryville, Tenn.
(State or country)

18. Birthplace (city or place) Corpus Criste, Texas.
(State or country)

13. Occupation Carpenter
 Nature of industry Mining

19. Occupation Housewife
 Nature of industry _____

20. Number of children of this mother } (a) Born alive and now living 3
(Taken as of time of birth of child herein certified and including this child.) } (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 at 11:50 p. m. on the date above stated
(Born alive or stillborn.)

* 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 Byrul M. Cron M.D. (Physician or midwife).
 Address Miami, Arizona

Given name added from a supplemental report. Filed Feb 1, 1927 L. E. Dray Local Registrar.
Month, day, year

Registrar _____ Filed _____, 19____ County Registrar _____

382-216-569

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.