

MARGIN RESERVED FOR BINDING
 WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 N. D.—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.

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

State File No. 169
 Registered No. 199

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township _____ or Village Clayton
 City Miami No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Lewis Cedric Harmon
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child <u>male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other <u>2</u>	5. No., in order of birth <u>2</u>	6. Legitimate? <u>yes</u>	7. Date of birth <u>May 16 1927</u> Month Day Year
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8. FATHER

Full name Lewis Cedric Harmon

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

10. Color or race White

11. Age at last birthday 38 (Years)

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

13. Occupation Millman
 Nature of industry Copper mine

14. MOTHER

Full maiden name Martha Deslate Henry

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

16. Color or race White

17. Age at last birthday 38 (Years)

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

19. Occupation _____
 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 <u>3</u>	21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>
	(b) Born alive but now dead <u>0</u>	
	(c) Stillborn <u>0</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 7:33 a 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 J. J. Franklin
Miami, Arizona
 (Physician or midwife)

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

Address _____
 Filed May 25, 1927 C. E. Irving
 Registrar

Registrar

385 - 516 - 488