

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

State File No. 477e  
 Registered No. \_\_\_\_\_

**1. PLACE OF BIRTH**

County \_\_\_\_\_ State \_\_\_\_\_  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

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

2. Full name of child Mary Harris If child is not yet named, make supplemental report, as directed.

3. Sex of Child F To be answered ONLY in event of plural births. 4. Twin, triplet or other. no 6. Legitimate? yes  
 5. No., in order of birth 1 7. Date of birth 11 19 27  
Month Day Year

**8. FATHER**  
 Full name Perry C Harris  
 9. Residence (Usual place of abode) Moore  
 If non-resident, give place and state.

**11. MOTHER**  
 Full maiden name Maybelle Laird  
 15. Residence (Usual place of abode) Moore  
 If non-resident, give place and state.

10. Color or race W  
 11. Age at last birthday 35 (Years)

16. Color or race W  
 17. Age at last birthday 35 (Years)

12. Birthplace (city or place) Opree  
(State or country)

18. Birthplace (city or place) Alabama  
(State or country)

13. Occupation Salesman  
 Nature of industry

19. Occupation HW  
 Nature of industry

20. Number of children of this mother 4  
(Taken as of time of birth of child herein certified and including this child.)  
 (a) Born alive and now living 4  
 (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 Opree (u. 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 [Signature]  
(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_ Address \_\_\_\_\_  
Month, day, year

Filed Jan 12 19 28 Le E. Tim  
Registrar

4962-1119-434

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 listed in PLAIN. RETURN THIS IS NO. of birth stated. REC'D