

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

222
 State File No. 177
 Registered No. 6

1. PLACE OF BIRTH

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

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

3. Sex of Child Female To be answered ONLY in event of plural births.
 4. Twin, triplet or other _____
 5. No. in order of birth _____
 6. Legitimate? Yes
 7. Date of birth Jan. 18, 1930
 Month Day Year

8. FATHER
 Full name Darrell J. Harris
 9. Residence (Usual place of abode) Globe, Arizona
 If non-resident, give place and state. _____
 10. Color of race White
 11. Age at last birthday 24 (Years)
 12. Birthplace (city or place) Morehouse
 (State or country) Missouri
 13. Occupation asst. Hotel Manager,
 Nature of industry Dominion Hotel.

14. MOTHER
 Full maiden name Marie Nordstrom
 15. Residence (Usual place of abode) Globe, Arizona
 If non-resident, give place and state. _____
 16. Color of race White
 17. Age at last birthday 22 (Years)
 18. Birthplace (city or place) Butte
 (State or country) Montana
 19. Occupation House wife
 Nature of industry _____

20. Number of children of this mother 1
(Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living 1
 (b) Born alive but now dead 0
 (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 alive or stillborn.) at 9:15 P. m. on the date above stated

* 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 G. E. Wightman, M.D.
 (Physician or midwife.)

Given name added from a supplemental report _____ Address Globe Ariz
 Filed 2/10, 1930 G. E. Wightman, M.D. Registrar

Registrar

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order of birth stated.