

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

State File No. 217  
Registered No. 50

1. PLACE OF BIRTH

County Gila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami No. Miami - Insp. Hospital Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Bobby Vernon Harvey { 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 \_\_\_\_\_ 5. No., in order of birth \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth Jan. 27 - 1930  
Month Day Year

8. FATHER  
Full name Frank Harvey Jr.  
9. Residence (Usual place of abode) Miami, Arizona  
If non-resident, give place and state. Arizona  
10. Color or race Cauc.  
11. Age at last birthday 27 (Years)  
12. Birthplace (city or place) Durango Mex  
(State or country)  
13. Occupation Carpenter  
Nature of industry Mining

14. MOTHER  
Full maiden name Ruby Harris  
15. Residence (Usual place of abode) Miami, Arizona  
If non-resident, give place and state. Arizona  
16. Color or race Cauc.  
17. Age at last birthday 21 (Years)  
18. Birthplace (city or place) Culberson N. C.  
(State or country)  
19. Occupation Housewife  
Nature of industry

20. Number of children of this mother 1st (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 0 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 at 4:30 P. m. on the date above stated.  
(Born alive or stillborn.)

Signature Lynell M. Brown M.D.  
P. Physician (Physician or mid-wife).

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year \_\_\_\_\_  
Address Miami, Arizona  
Filed Feb 1, 1930 G. E. Timm  
Registrar Registrar

288-127-982

At birth, a SEPARATE REGISTRATION NUMBER shall be assigned to the child in order of birth 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.