

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

State File No. 127
 Registered No. 38

1. PLACE OF BIRTH

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

2. Full name of child Carolyn Marie 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. _____ 6. Legitimate? yes
 5. No., in order of birth. _____ 7. Date of birth 3-1-30
Month Day Year

8. FATHER
 Full name Thomas Cecil Harris
 9. Residence (Usual place of abode) Globe
 If non-resident, give place and state. Ariz.
 10. Color or race White
 11. Age at last birthday 27 (Years)
 12. Birthplace (city or place) Lynnville
(State or country) Tennessee
 13. Occupation Minister
 Nature of industry _____

14. MOTHER
 Full maiden name Agnes Ruth Gilbert
 15. Residence (Usual place of abode) Globe
 If non-resident, give place and state. Ariz.
 16. Color or race White
 17. Age at last birthday 23 (Years)
 18. Birthplace (city or place) Tulsa
(State or country) Oklahoma
 19. Occupation Housewife
 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 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 3:40 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 [Signature]
(Physician or Midwife)

Given name added from a supplemental report _____
 Address Box 36 Globe, Ariz.
 Filed 4/16 1930 [Signature] Registrar

262-301-173