

# ARIZONA STATE BOARD OF HEALTH

 State File No. 154

 Registered No. 127

## BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

**1. PLACE OF BIRTH**

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

 2. Full name of child Harold Norman Rapier } 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 yes  
 6. Legitimate? yes  
 7. Date of birth March 11 1930  
Month Day Year

 8. FATHER  
 Full name Wesley John Rapier

 14. MOTHER  
 Full maiden name Hellie Pearl Chesley

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

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 If non-resident, give place and state.

 10. Color or race white  
 11. Age at last birthday 37 (Years)

 16. Color or race white  
 17. Age at last birthday 34 (Years)

 12. Birthplace (city or place) Safford  
(State or country) Arizona

 18. Birthplace (city or place) Safford  
(State or country) Arizona

 13. Occupation Carpenter  
 Nature of Industry Copper mine

 19. Occupation Housewife  
 Nature of Industry

 20. Number of children of this mother... } (a) Born alive and now living 7  
 (Taken as of time of birth of child herein } (b) Born alive but now dead 6  
 certified and including this child.) } (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 alive at 8:20 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 J. J. Truller  
MD (Physician or midwife.)

 Given name added from a supplemental report \_\_\_\_\_ Address Miami, Arizona

Month, day, year

 Filed Dec 10 1930 Registrar.

699-311-538