

each in order of birth stated.

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

State File No. 163  
Registered No. 496

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 Harry Don Whitner } If child is not yet named, make supplemental report, as directed.

3. Sex of Child } To be answered ONLY in event of plural births. } male  
4. Twin, triplet or other. \_\_\_\_\_ }  
5. No., in order of birth. \_\_\_\_\_ } yes  
6. Legitimate? \_\_\_\_\_ }  
7. Date of birth August 17 1930  
Month Day Year

8. FATHER  
Full name Harry Moroni Whitner  
9. Residence (Usual place of abode) Miami, Arizona  
If non-resident, give place and state.

14. MOTHER  
Full maiden name Mabel Moody  
15. Residence (Usual place of abode) Miami, Arizona  
If non-resident, give place and state.

10. Color or race White  
11. Age at last birthday 25 (Years)

16. Color or race White  
17. Age at last birthday 24 (Years)

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

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

13. Occupation Carpenter  
Nature of Industry Surface, Copper Mining

19. Occupation Housewife  
Nature of Industry \_\_\_\_\_

20. Number of children of this mother. 2 } (a) Born alive and now living 2  
(Taken as of time of birth of child herein } (b) Born alive but now dead 0  
certified and including this child.) } (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 alive at 10:05 A 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. Miller  
(Physician or midwife.)

Given name added from \_\_\_\_\_ Address Miami, Arizona  
Month, day, year \_\_\_\_\_  
Filed Aug 21, 30 Registrar L. G. J. J. J.

869-817-448