

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

State File No. 166  
 Registered No. 173

**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 Harley Quinton Harrison { 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 Aug 19, 1930  
 Month Day Year

8. FATHER  
 Full name Willard Maurice Harrison

14. MOTHER  
 Full maiden name Edith Henrietta Hornby

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

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

10. Color or race White 11. Age at last birthday 42 (Years)

16. Color or race White 17. Age at last birthday 30 (Years)

12. Birthplace (city or place) Eldon Mo  
 (State or country)

18. Birthplace (city or place) St. Louis Mo  
 (State or country)

13. Occupation  
 Nature of industry Bookkeeper

19. Occupation  
 Nature of industry Housewife

20. Number of children of this mother 5 } (a) Born alive and now living 5  
 (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 \_\_\_\_\_ 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 C. W. Adams  
Physician  
(Physician or Midwife)

Given name added from a supplemental report \_\_\_\_\_  
 Month, day, year \_\_\_\_\_

Address Box 636 Globe Ariz  
 Filed 9/8 1930 E. E. Longhorn  
 Registrar

745-619-567

UNFADING INK--THIS IS A PERMANENT RECORD  
 SEPARATE RETURN must be made for each, and the number of each in order of birth indicated.  
 N. B.--In case of L.