CERTIFICATE AMENDED
SEE NOTATION

Items 2, 8, + 14 corr. by Affidavit of Registrant, App. for Marriage License & Brothers Birth Record (8-1-68 bms)

ARIZONA STATE BOARD OF HEALTH

213

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. .....
County Registrar No. .....
Local Registrar No. 23

PLACE OF BIRTH

1. County of Graham
District of Safford
Town of Safford
or
City of ..... Emmett Alfred Haralson No. ..... St. ..... Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child E. Alfonel Harlson
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: 1 (Month) 12 (day) 31 (year)

8. PATHER
Full name A. H. Harlson Haralson
9. Residence (Usual place of abode)
If nonresident, give place and state Safford
10. Color or race: White
11. Age at last birthday 42 (Years)
12. Birthplace (city or place) (State or country) Calif
13. Occupation
Nature of industry Merchant

14. MOTHER
Full maiden name ~~Mary~~ Mary Dunn.
15. Residence (Usual place of abode)
If nonresident, give place and state Safford
16. Color or race: White
17. Age at last birthday 30 (Years)
18. Birthplace (city or place) (State or country) Ga.
19. Occupation
Nature of industry Housewife

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 3
(b) Born alive but now dead 1
(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 730 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 evidences of life after birth.

Signature J. W. Morris (Physician or midwife)
Address Safford.

Given name added from a supplemental report ..... Month, day, year.

Filed ..... 19.....
Local Registrar.

Filed Feb. 8, 1931 J. N. Stratton
County Registrar.

Registrar.

585-112-445

In order of birth stated.