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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. _____

Registered No. 57

1. PLACE OF BIRTH

County: Gila State: Arizona

District or Township: _____ or Village: _____

City: Globe No. _____ St. _____ Ward _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child: Edna Jane Harris (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child: Female

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: 6 - 8 - 1933 (Month Day Year)

FATHER

8. Full name: Edward L. Harris

9. Residence (Usual place of abode): Globe, Ariz.

If non-resident, give place and state. _____

10. Color or race: White

11. Age at last birthday: 25 (Years)

12. Birthplace (city or place): Cornish (State or country): New Mexico

13. Occupation: Unemployed

Nature of industry: _____

MOTHER

14. Full maiden name: Hazel Hines

15. Residence (Usual place of abode): Globe, Ariz.

If non-resident, give place and state. _____

16. Color or race: White

17. Age at last birthday: 21 (Years)

18. Birthplace (city or place): Hayden (State or country): Arizona

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 Living (Born alive or stillborn) at 3:15 P.M. on the date above stated.

* 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: G. E. Wyllie M.D.

(Physician or midwife)

Address: Globe Ariz.

Given name added from a supplemental report _____ Month Day Year

582-608-882

Registrar

Filed 8/5 1933 G. E. Wyllie Registrar