4919

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or Midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH

County of Gila

District of Globe

Town of Miami

or

City of

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS.

ORIGINAL CERTIFICATE OF BIRTH.

State Index No. 104 ~~220~~

Co. Register No. 219

Local Registrar's No.

(No. St; Ward)

FULL NAME OF CHILD Lucretia Harper

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Born / Alive YES ~~NO~~

Sex of Child Female | Twin, Triplet or other X | and | Number in order of birth X | Legitimate? yes | Date of Birth Oct (Month) 11th (Day) 1912 (yr.)

FATHER

Full Name Joseph Alvin Harper

Residence Miami Ariz

Color or Race W | Age at last Birthday 39 (Years)

Birthplace Utah

Occupation Pump man

MOTHER

Full Maiden Name Zina Roseberry

Residence Miami Ariz

Color or Race W | Age at last Birthday 35 (Years)

Birthplace Utah

Occupation House wife

Number of child of this mother 7 | Number of children, of this mother, now living 7 | Were precautions taken against Ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on, Oct 11 1912, at 7 45 M.

*When there is no attending physician or midwife, then the householder should make this return.

(Signature) W. E. McWhirt

(Attending physician ~~midwife, householder.~~)

Given or christian name added from a supplemental report 191

Address Miami Arizona

Filed Oct 16 1912

B. G. Fox

LOCAL REGISTRAR.

389-1011-998

COUNTY REGISTRAR.

Filed Nov 5 1912

A True Copy

B. G. Fox MD

COUNTY REGISTRAR.