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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
or
City of Globe

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS 132 State Index No. 516

ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 313

Local Registrar's No.

(No. St; Ward)

FULL NAME OF CHILD Mary Louise Harrison

Born Alive: YES / ~~NO~~

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

Sex of Child	Twin, Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Yr.)
Female	✓		✓	Yes	Nov 22 1915

FATHER	MOTHER
Full Name: Samuel Newton Harrison	Full Maiden Name: Bessie May Elkins
Residence: Cor 3rd & Maple	Residence: Same
Color or Race: White	Color or Race: White
Age at last Birthday: 31 (Years)	Age at last Birthday: 25 (Years)
Birthplace: Owensboro, Ky	Birthplace: San Antonio, Texas
Occupation: Newspaper Man	Occupation: Housewife

Number of child of this mother: 1 | Number of children, of this mother, now living: 1 | 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 Nov 22 1915, at 6 9 M.

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

(Signature) C. J. Stevenson
(Attending physician, ~~midwife, householder.~~*)

Given or christian name added from a supplemental report ..... 191.....

Address

Filed Nov 25 1915 — B. G. Fox
LOCAL REGISTRAR.

A True Copy

Filed Dec 4 1915 — B. G. Fox
COUNTY REGISTRAR.

COUNTY REGISTRAR.