4546

N. B.—In case of more than one [illegible] the number of each, in order of birth, stated. This certificate must be filed by the attending [illegible] Midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH

County of Gila

District of

Town of Hayden

or

City of

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 133

Co. Register No. 483

Local Registrar's No.

(No. Ray Con. Hospital St; Ward)

FULL NAME OF CHILD Robert Powell Harper

Born / Alive YES

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

Sex of Child Male | ~~Twin, Triplet~~ or other | and | Number in order of birth 1st | Legitimate? yes | Date of Birth Sept. (Month) 14th (Day) 1919 (Yr.)

FATHER		MOTHER	
Full Name	Daniel Robert Harper	Full Maiden Name	Rose Schultz
Residence	Arivica, Arizona	Residence	Arivica, Arizona
Color or Race	White	Color or Race	White
Age at last Birthday	43 (Years)	Age at last Birthday	26 (Years)
Birthplace	Texas	Birthplace	Mammoth, Arizona
Occupation	Miner	Occupation	Housewife

Number of child of this mother I | Number of children, of this mother, now living I | 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 Sept. 14 1919, at 9 P. M.

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

(Signature) Dr. W. G. Carson

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

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

Address Hayden, Arizona

Filed Sept 15 1919

W. B. Nash

LOCAL REGISTRAR.

989-914-929

COUNTY REGISTRAR.

Filed Oct 6 1919

A True Copy

B. G. Fox

COUNTY REGISTRAR.