2159

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 1922

Co. Registrar's No. 415

Local Registrar's No.

PLACE OF BIRTH

County of Gila

District of

Town of or City of Miami

(No. St; Ward)

FULL NAME OF CHILD Scharlene Harrington Horner

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

Born Alive: YES ~~NO~~

Sex of Child	Twin, Triplet or other	and	Number in order of birth	Legitimate	Date of Birth Month	Day	Yr.
Female	One		One	Yes	7	14	1920

FATHER	MOTHER
Full Name: Joseph Noble Horner.	Full Maiden Name: Edith Lenore Harrington
Residence: Miami Ariz.	Residence: Miami Ariz
Color or Race: White	Color or Race: White
Age at last Birthday: 37 Years	Age at last Birthday: 23 Years
Birthplace: Mo.	Birthplace: Illinois
Occupation: Clerk.	Occupation: Home wife

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 the above child; and that it ~~occurred~~ born on 7/14, 1920, at 2.20 ~~A.~~ P. M.

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

Signature B. F. Hardy M. D.

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

Address Miami Ariz.

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

Filed 7/15/1920 T H Slaughter LOCAL REGISTRAR.

289-714-586 COUNTY REGISTRAR.

Filed 7-20 1920 A True Copy B S Fox COUNTY REGISTRAR.

The number of a child, 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.