285

CERTIFICATE AMENDED SEE NOTATION

Name added by signature of Registrar 5-14-73

PLACE OF BIRTH

County of Gila

District of Globe

Town of or City of Globe

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

## ORIGINAL CERTIFICATE OF BIRTH

State Index No. 608

Co. Register No. 514

Local Registrar's No.

(No. St; Ward)

FULL NAME OF CHILD William Henry Harris

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.) |
|---|---|---|---|---|---|
| M | | | 4 | yes | Aug 29 1920 |

| FATHER | | MOTHER | |
|---|---|---|---|
| Full Name | William T. Harris | Full Maiden Name | Agnes Ottellia |
| Residence | Globe | Residence | Globe |
| Color or Race | W | Color or Race | W |
| Age at last Birthday (Years) | 37 | Age at last Birthday (Years) | 31 |
| Birthplace | Mich | Birthplace | Ill |
| Occupation | Mechanic | Occupation | Housewife |

Number of child of this mother 4 | Number of Children, of this mother, now living 4 | 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 occured on Aug 29 1920, at 10 A.M.

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

(Signature) R D Kennedy

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

Address Globe

Given or Christian name added from a supplemental report 191

Filed Sep 2 1920

B G Fox

LOCAL REGISTRAR.

682-829-161

COUNTY REGISTRAR.

A True Copy

Filed 9-5 1910

B G Fox

COUNTY REGISTRAR.