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

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH
 County of Gila
 District of Globe
 Town of _____
 or
 City of Globe (No. _____ St; _____ Ward)

State Index No. 120
 Co. Registrar's No. 576
 Local Registrar's No. _____

ORIGINAL CERTIFICATE OF BIRTH

FULL NAME OF CHILD Joseph Gray Harper Jr. Born YES
 If child is not named, make Supplemental Report on blank obtainable from local registrar. Alive ~~NO~~

Sex of Child <u>Male</u>	Twin, Triplet or other _____	and _____	Number in order of birth _____	Legitimate? <input checked="" type="checkbox"/> Yes	Date of Birth <u>11</u> <u>7</u> <u>1921</u> Month Day Yr.
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FATHER Full Name <u>Joseph G. Harper,</u> Residence <u>Globe.</u> Color or Race <u>Colord</u> Age at last Birthday <u>37</u> Years Birthplace <u>Kentucky</u> Occupation <u>Mail Clerk</u>	MOTHER Full Maiden Name <u>Naomi R. Stokes.</u> Residence <u>Globe.</u> Color or Race <u>Colord</u> Age at last Birthday <u>25</u> Years Birthplace <u>Georgia</u> Occupation <u>Housewife</u>
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Number of child of this Mother 4 Number of Children, of this mother, now living 1 Were precautions taken against Ophthalmia neonatorum? Yes.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* 7,30

I hereby certify that I attended the birth of the above child; and that it occurred on 11/7, 1921, at A.M.

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

Signature [Signature]
 Attending physician, midwife, householder.*
 Address Globe, Ariz.

Given or Christian name added from a supplemental report _____ 191

Filed Nov 10 1921 [Signature] LOCAL REGISTRAR.
 Filed Dec 5 1921 [Signature] COUNTY REGISTRAR.

189-1107-522
COUNTY REGISTRAR.