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**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

PLACE OF BIRTH  
1. County of Gila  
District of \_\_\_\_\_  
Town of \_\_\_\_\_  
or  
City of Globe

State Index No. 141  
County Registrar No. 505  
Local Registrar No. \_\_\_\_\_

2. Full name of child Raymond Harrison  
(If birth occurred in a hospital or institution, give its NAME instead of street and number) St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 5. No., in order of birth \_\_\_\_\_ 6. Legitimate? yes. 7. Date of birth Aug 5 1923  
Month Day Year

8. FATHER Full name <u>William Harrison</u>	14. MOTHER Full maiden name <u>Catalina Olivas</u>
9. Residence (Usual place of abode) <u>Globe</u> If nonresident, give place and state <u>Arizona</u>	15. Residence (Usual place of abode) <u>Globe</u> If nonresident, give place and state <u>Arizona</u>
10. Color or race <u>Mex</u>	16. Color or race <u>Mex.</u>
11. Age at last birthday <u>36</u> (Years)	17. Age at last birthday <u>32</u> (Years)
12. Birthplace (city or place) <u>Bisbee</u> (State or country) <u>Arizona</u>	18. Birthplace (city or place) <u>Tempe</u> (State or country) <u>Arizona</u>
13. Occupation Nature of industry <u>Miner.</u>	19. Occupation Nature of industry <u>Housewife</u>
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living... <u>3</u> (b) Born alive but now dead... <u>0</u> (c) Stillborn... <u>0</u>	21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was born alive at 12:10 P.M. on the date above stated.  
(Born alive or stillborn.)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature C. Adams  
Address Globe, Arizona  
(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year. \_\_\_\_\_  
Registrar. \_\_\_\_\_

Filed 8-10 1923 B. E. Joy  
Local Registrar.  
Filed 9-1 1923 B. E. Joy  
County Registrar.

985-805-362