

1900

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila

District of \_\_\_\_\_

Town of \_\_\_\_\_

or \_\_\_\_\_

City of Globe

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 120

County Registrar No. 797

Local Registrar No. \_\_\_\_\_

St. \_\_\_\_\_ Ward \_\_\_\_\_

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Harvey Elmer Rose If child is not yet named, make supplemental report, as directed.

3. Sex of Child M To be answered ONLY in event of plural births. 4. Twin, triplet or other. 5. Legitimate? yes 7. Date of birth Nov 28 1923  
Month day year

8. FATHER  
Full name Felix Elmer Rose  
9. Residence (Usual place of abode) Globe Ariz  
If nonresident, give place and state

14. MOTHER  
Full maiden name Jessie Bradford  
15. Residence (Usual place of abode) Parker St Globe  
If nonresident, give place and state

10. Color or race W 11. Age at last birthday 26 (Years)

16. Color or race W 17. Age at last birthday 18 (Years)

12. Birthplace (city or place) Valley Mills  
(State or country) Texas

18. Birthplace (city or place) Needles  
(State or country) Calif

13. Occupation  
Nature of industry Mina

19. Occupation  
Nature of industry Housewife

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 1 (b) Born alive but now dead 0 (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*  
I hereby certify that I attended the birth of this child, who was alive at 6:40 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 evidences of life after birth.  
Signature W. W. Forrest M.D.  
(Physician or midwife)

Address \_\_\_\_\_  
Given name added from \_\_\_\_\_  
Month, day, year. \_\_\_\_\_  
Filed 12-2 1923 B. V. Jay Local Registrar.  
Filed 12-5 1923 B. V. Jay County Registrar.

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