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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

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

PLACE OF BIRTH
1. County of Gila
District of _____
Town of Guano
or _____
City of _____ No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

State Index No. 116
County Registrar No. 7
Local Registrar No. _____

2. Full name of child Mary Luella Harper
3. Sex of Child Female
4. Twin, triplet or other _____ 5. No., in order of birth 460
6. Legitimate? yes
7. Date of birth Nov-7-23
Month day year

<p>8. FATHER Full name <u>Arnold Harper</u> 9. Residence <u>Guano, Ariz</u> (Usual place of abode) If nonresident, give place and state _____ 10. Color or race <u>white</u> <u>American</u> 11. Age at last birthday <u>27</u> (Years)</p>		<p>14. MOTHER Full maiden name <u>Paul Pauline</u> 15. Residence <u>Guano, Ariz</u> (Usual place of abode) If nonresident, give place and state _____ 16. Color or race <u>white</u> <u>American</u> 17. Age at last birthday <u>27</u> (Years)</p>	
<p>12. Birthplace (city or place) <u>Ariz</u> (State or country)</p>		<p>18. Birthplace (city or place) <u>Ky.</u> (State or country)</p>	
<p>13. Occupation <u>mechanic</u> Nature of industry _____</p>		<p>19. Occupation <u>housewife</u> Nature of industry _____</p>	

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 3
(b) Born alive but now dead none
(c) Stillborn none

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 Born alive at 8 P. 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 J. H. Slaughter (Physician or midwife)
Address Guano, Ariz.
Given name added from _____
a supplemental report _____
Month, day, year. _____

Filed Jan 31, 1924 Local Registrar.
Filed 2/5, 1924 County Registrar.

Registrar. _____

489-1207-725