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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 _____
City of Globe

State Index No. 108
County Registrar No. 273
Local Registrar No. _____

2. Full name of child Leslie Kay Harlan
No. _____ St. _____ Ward _____
If birth occurred in a hospital or institution, give its NAME instead of street and number
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. No., in order of birth. _____ 6. Legitimate? ye 7. Date of birth 4-2-24
Month day year

8. FATHER Full name J. Kay Harlan 14. MOTHER Full maiden name Marie M. Clelland
9. Residence (Usual place of abode) Euclid St. 15. Residence (Usual place of abode) Euclid St.
If nonresident, give place and state If nonresident, give place and state

10. Color or race W. 11. Age at last birthday 34 (Years) 16. Color or race W. 17. Age at last birthday 30 (Years)

12. Birthplace (city or place) Berlitt Ohio 18. Birthplace (city or place) Berlin Wisc
(State or country) (State or country)

13. Occupation Nature of industry Plumber 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 2 (b) Born alive but now dead 0 (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? ye

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 4 A.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.
Given name added from supplemental report _____

Signature W. W. Horst (Physician or midwife)
Address Globe
Filed 4-5 1924 Local Registrar. R. G. Fox
Filed 5-5 1920 County Registrar. _____

Registrar. _____

385-402-444