

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 Cochise
 District of Warren
 Town of _____
 or
 City of Bisbee No. _____ St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

State Index No. 64
 County Registrar No. 569
 Local Registrar No. _____

2. Full name of child Harry Foster Althous { 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 no 5. Legitimate? yes 6. Date of birth July 23 24
 Month Day Year

5. No., in order of birth 1

<p>8. FATHER Full name <u>Harry John Althous</u></p> <p>9. Residence (Usual place of abode) <u>Douglas</u> If nonresident, give place and state</p> <p>10. Color or race <u>white</u></p> <p>11. Age at last birthday <u>27</u> (Years)</p> <p>12. Birthplace (city or place) <u>Tex.</u> (State or country)</p> <p>13. Occupation <u>Mechanic</u> Nature of industry</p>	<p>14. MOTHER Full maiden name <u>Emily Jaughin</u></p> <p>15. Residence (Usual place of abode) <u>Douglas</u> If nonresident, give place and state</p> <p>16. Color or race <u>white</u></p> <p>17. Age at last birthday <u>24</u> (Years)</p> <p>18. Birthplace (city or place) <u>England</u> (State or country)</p> <p>19. Occupation <u>Housewife</u> Nature of industry</p>
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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 _____
 (c) Stillborn _____

21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE P.M.

I hereby certify that I attended the birth of this child, who was alive 6.20 at 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. J. Hawley (Physician or midwife)
 Address Bisbee Ariz.

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

Filed 8/5 1924 C. J. Hawley Local Registrar.
 Filed 8-7 1924 C. B. ... County Registrar.

812-723-515