

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
STANDARD CERTIFICATE OF BIRTH

State File No. 156
 Registered No. 1

1. PLACE OF BIRTH
 County Gila State Arizona

District or Township _____ or Village _____
 City Miami No. Manu Inspiration Hosp. St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Harold Urban Larsen { 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 April 9 - 1925
Month Day Year

8. FATHER
 Full name Joseph Urban Larsen
 9. Residence (Usual place of abode) Miami Arizona
 If non-resident, give place and state.

14. MOTHER
 Full maiden name Mary Riggs
 15. Residence (Usual place of abode) Miami Arizona
 If non-resident, give place and state.

10. Color or race White
 11. Age at last birthday 27 (Years)

16. Color or race White
 17. Age at last birthday 27 (Years)

12. Birthplace (city or place) Old Mexico
(State or country)

18. Birthplace (city or place) Cochise County Arizona
(State or country)

13. Occupation Ship. Boss
 Nature of Industry Copper Mine

19. Occupation Housewife
 Nature of Industry

20. Number of children of this mother 1 } (a) Born alive and now living 1
(Taken as of time of birth of child herein certified and including this child.) } (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 born alive at 5-0 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 evidence of life after birth.

Signature Charles E. Irwin M.D.

Given name added from _____
a supplemental report

Address Miami Arizona (Physician or midwife).

Month, day, year _____
 Registrar _____

Filed April 14, 1925 C. E. Irwin
 Registrar

835-409-492