ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 195

Registered No. 164

1. PLACE OF BIRTH

County Gila State

District or Township or Village

City Copper Hill No. St. Ward

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

2. Full name of child Harlan Gregory Arnold (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? Yes

7. Date of birth June 25-1925 (Month Day Year)

8. FATHER

Full name Peter J. Arnold

9. Residence (Usual place of abode) Copper Hill.

If non-resident, give place and state.

10. Color or race White

11. Age at last birthday 29 (Years)

12. Birthplace (city or place) Hays City

(State or country) Kansas

13. Occupation

Nature of industry Miner

14. MOTHER

Full maiden name Blanche Margarete Campbell

15 Residence (Usual place of abode) Copper Hill

If non-resident, give place and state.

16 Color or race White

17. Age at last birthday 29 (Years)

18. Birthplace (city or place) Clifton Kansas

(State or country)

19. Occupation

Nature of industry Housewife

20. Number of children of this mother 3

(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 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 3 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 W. W. Horst

(Physician or midwife).

Given name added from a supplemental report

Month, day, year

Address

Registrar

Filed 6/30, 1925 W. W. Horst

Registrar

812-625-733

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING