

**ARIZONA STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**STANDARD CERTIFICATE OF BIRTH**

State File No. 207  
 Registered No. 167

1. PLACE OF BIRTH Gila  
 County Gila State \_\_\_\_\_  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Globe No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

2. Full name of child Charlean Grace Harper  
 (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 F 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 29-1925  
 Month Day Year

8. FATHER  
 Full name Charles V. L. Harper

14. MOTHER  
 Full maiden name Helan Moss

9. Residence (Usual place of abode) Globe  
 If non-resident, give place and state.

15. Residence (Usual place of abode) Newton Globe  
 If non-resident, give place and state.

10. Color or race White  
 11. Age at last birthday 29 (Years)

16. Color or race White  
 17. Age at last birthday 19 (Years)

12. Birthplace (city or place) Glendale  
 (State or country) Illinois

18. Birthplace (city or place) Newton Kansas  
 (State or country)

13. Occupation Manager  
 Nature of industry Woodworth  
5 & 10 cent store

19. Occupation Housewife  
 Nature of industry

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 6  
 (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 1/2 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 M.D.  
 (Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_ Address Globe Ariz  
 Month, day, year \_\_\_\_\_  
 Registrar \_\_\_\_\_  
 Filed 6/30, 1925 W. W. Horst  
 Registrar

389 - 629 - 842

MARGIN RESERVED FOR BINDING  
 WRITE PLAIN INK 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.