

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

State File No. 192
 Registered No. 259

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township _____ or Village _____
 City Globe No. Hackerney Ave. St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Archie Russell Harlan 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 1
 6. Legitimate? yes 7. Date of birth Oct. 23, 1925
Month Day Year

8. FATHER
 Full name J. Way Harlan
 9. Residence (Usual place of abode) Globe, Arizona
If non-resident, give place and state.
 10. Color or race white
 11. Age at last birthday 36 (Years)
 12. Birthplace (city or place) Bloit Ohio
(State or country)
 13. Occupation plumber
Nature of industry

14. MOTHER
 Full maiden name Marie M^cCallan
 15. Residence (Usual place of abode) Globe, Ariz.
If non-resident, give place and state.
 16. Color or race white
 17. Age at last birthday 32 (Years)
 18. Birthplace (city or place) Berlin, Wis.
(State or country)
 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 three
 (b) Born alive but now dead none
 (c) Stillborn none
 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 3:25 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 T. S. Harper, M.D.
(Physician or midwife).

Given name added from a supplemental report _____ Address Globe, Ariz.

Month, day, year _____ Filled 10/31, 1925 W. W. Horsh
Registrar Registrar

185-1023-445

N. 3--In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of birth stated.