

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.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila
 District of Inspirator
 Town of Miami
 or
 City of _____

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 105
 County Registrar No. 669
 Local Registrar No. _____

No. Cactus Garden St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Deanarvel Hartley (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 June 8 1916
 Month Day Year

8. FATHER
 Full name Anthony Hartley
 9. Residence (Usual place of abode) Inspirator Arizona
 If non-resident, give place and state.
 10. Color or race White
 11. Age at last birthday 31 (Years)
 12. Birthplace (city or place) Kentucky
 (State or country)
 13. Occupation Electrician
 Nature of industry

14. MOTHER
 Full maiden name Kathryn Jane Moore
 15. Residence (Usual place of abode) Inspirator Arizona
 If non-resident, give place and state.
 16. Color or race White
 17. Age at last birthday 26 (Years)
 18. Birthplace (city or place) Fairview Arizona
 (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 3
 (b) Born alive but now dead 1
 (c) Stillborn 1
 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 4:55 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 J. J. Miller
 (Physician or midwife)
 Address Miami Arizona

Given name added from a supplemental report _____
 Month, day, year _____ Filed June 11 1916 _____
 Local Registrar.

Registrar _____ Filed _____ 19 _____ County Registrar.

488-608-245