

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of CochiseDistrict of Warren

Town of _____

or

City of Bisbee

BUREAU OF VITAL STATISTICS

State Index No. 27

ORIGINAL CERTIFICATE OF BIRTH

County Registrar No. _____

Local Registrar No. 317No. Alumet + Ariz Kopp St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2. Full name of child Leo Haverty, Jr. (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 10-1-26
Month Day Year8. FATHER
Full name Leo Berlin Haverty14. MOTHER
Full maiden name Velma Laura Hannon9. Residence (Usual place of abode) Bisbee, Arizona
If non-resident, give place and state.15. Residence (Usual place of abode) Bisbee, Arizona
If non-resident, give place and state.10. Color or race American 11. Age at last birthday 21 (Years)16. Color or race American 17. Age at last birthday 16 (Years)12. Birthplace (city or place) Capitan, New Mexico
(State or country)18. Birthplace (city or place) Bisbee, Arizona
(State or country)13. Occupation Rancher
Nature of industry19. Occupation Housewife
Nature of industry20. 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 1 (b) Born alive but now dead _____ (c) Stillborn _____ 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 (Born alive or stillborn.) at 5 a.m. on the date above stated

* 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 Edmiston Dancah (Physician or midwife)
Address Bisbee, Arizona Box 1177Given name added from a supplemental report _____ Filed 10-12-24, 1924 _____
Month, day, year Local Registrar.

Registrar

Filed _____, 19____

County Registrar.

346-1001-585

order of birth stated.