

N.B.—In case of more than one birth, a SEPARATE RETURN must be made for each, and the fee \$1.00 for each. In order of birth stated.

PLACE OF BIRTH

1. County of Gila

District of \_\_\_\_\_

Town of \_\_\_\_\_

or

City of Globe

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 165

County Registrar No. \_\_\_\_\_

Local Registrar No. 242

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

2. Full name of child Harold Samuel Grant } 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. Legitimate? yes 6. No., in order of birth ✓ 7. Date of birth Nov. 18, 1926  
Month day year

5. FATHER  
Full name Harold Samuel Grant

14. MOTHER  
Full maiden name Eileen D'Elvin

9. Residence (Usual place of abode) Globe, Arizona  
If nonresident, give place and state

15. Residence (Usual place of abode) Globe, Arizona  
If nonresident, give place and state

10. Color or race white

11. Age at last birthday 23 (Years)

16. Color or race white

17. Age at last birthday 22 (Years)

12. Birthplace (city or place) Globe, Arizona  
(State or country)

18. Birthplace (city or place) Los Angeles, California  
(State or country)

13. Occupation  
Nature of industry Carpenter

19. Occupation  
Nature of industry Housewife

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 Two  
(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 3:30 P.M. on the date above stated.  
(Born alive or stillborn.)

Signature T. S. Harper, M. D.  
(Physician or midwife)  
Address Globe, Arizona

Given name added from \_\_\_\_\_  
a supplemental report \_\_\_\_\_  
Month, day, year. Filed 11-30, 1926 H. St. Horst  
Local Registrar.

Registrar. Filed \_\_\_\_\_ 19\_\_\_\_  
County Registrar.

873-1118-545