ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 147
County Registrar No. 980
Local Registrar No. 980

PLACE OF BIRTH
1. County of Gila
District of
Town of Miami
or
City of
No. 25 Oak St. Claypool, Ariz. St., Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Bert William Harrel
{ 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 Dec. 12, 1926. Month Day Year

8. FATHER
Full name James Victor Harrel
9. Residence (Usual place of abode) Claypool, Ariz.
If non-resident, give place and state.
10. Color or race Cauc
11. Age at last birthday 25 (Years)
12. Birthplace (city or place) Bessie, Okla.
(State or country)
13. Occupation Fireman
Nature of industry Mining

14. MOTHER
Full maiden name Rosie Bell Hunt
15 Residence (Usual place of abode) Claypool, Arizona
If non-resident, give place and state.
16 Color or race Cauc
17. Age at last birthday 21 (Years)
18. Birthplace (city or place) Bonham, Texas
(State or country)
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 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 born (Born alive ~~or stillborn~~.) at 11.50 P.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 Cyril M. Crow M.D. (Physician ~~or midwife~~).
Address Miami, Arizona

Given name added from a supplemental report
Month, day, year
Filed Jan 7, 1927 C. E. Irvin
Local Registrar.

Registrar
Filed , 19
County Registrar.

283-1712-983

WRITE PLAINLY WITH [illegible]

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.