

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

State File No. 140
 Registered No. 364

1. PLACE OF BIRTH

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

2. Full name of child Frances Aileen Harris (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child female To be answered ONLY in event of plural births. } 4. Twin, triplet or other _____ 6. Legitimate? yes
 5. No., in order of birth _____ 7. Date of birth Aug 18 1928
 Month Day Year

8. FATHER
 Full name Frank Harrison Harris

14. MOTHER
 Full maiden name Ida May Church

9. Residence (Usual place of abode) Miami Arizona
 If non-resident, give place and state.

15. Residence (Usual place of abode) Miami Arizona
 If non-resident, give place and state.

10. Color or race White
 11. Age at last birthday 34 (Years)

16. Color or race White
 17. Age at last birthday 28 (Years)

12. Birthplace (city or place) _____
 (State or country) Missouri

18. Birthplace (city or place) _____
 (State or country) Missouri

13. Occupation Miner
 Nature of industry Copper

19. Occupation Housewife
 Nature of industry _____

20. Number of children of this mother _____ } (a) Born alive and now living 1
 (Taken as of time of birth of child herein } (b) Born alive but now dead 0
 certified and including this child.) } (c) Stillborn 0
 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 1:35 A.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)

Given name added from a supplemental report _____ Address Miami, Arizona
 Month, day, year _____
 Registrar _____ Filed Aug 30 1928 Registrar O. E. Irwin

682-818-938

IN ALL STATES RESERVED FOR THE STATE DEPARTMENT OF HEALTH
 MAINLY 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, with the number of each in order of birth stated.