

WRITE PLAINLY WITH UNFADEING 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.

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

State File No. 145  
Registered No. 183

1. PLACE OF BIRTH

County Gila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Globe No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Betty Alice Harrison { 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 4 5. No. in order of birth 4 6. Legitimate? yes 7. Date of birth Oct. 10, 1928  
Month Day Year

8. FATHER  
Full name Willard Maurice Harrison

14. MOTHER  
Full maiden name Edith Henrietta Homberg

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

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

10. Color or race White

16. Color or race White

11. Age at last birthday 40 (Years)

17. Age at last birthday 28 (Years)

12. Birthplace (city or place) Eldon, Missouri  
(State or country)

18. Birthplace (city or place) St. Louis, Missouri  
(State or country)

13. Occupation Book Keeper  
Nature of industry

19. Occupation Housewife  
Nature of industry

20. Number of children of this mother four (Taken as of time of birth of child herein certified and including this child.)  
(a) Born alive and now living four  
(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 8:10 p. m. on the date above stated  
(Born alive or stillborn)

Signature T. C. Harper  
Physician (Physician or midwife)

Address Globe, Arizona

Given name added from a supplemental report. Month, day, year \_\_\_\_\_  
Filed 11/8, 1928 T. E. Wightman, Jr. Registrar

285-1010-587