

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

State File No. 1929
Registered No. 41

1. PLACE OF BIRTH

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

2. Full name of child George Allen Harris { 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. _____ 6. Legitimate? yes 7. Date of birth Jan 25 1929
Month Day Year

8. FATHER Full name Ray Clay Harris
Claude Estelle

14. MOTHER Full maiden name Claude Estelle Fowler

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

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

10. Color or race white

11. Age at last birthday 30 (Years)

16. Color or race white

17. Age at last birthday 24 (Years)

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

18. Birthplace (city or place) Corpus Christie
(State or country) Texas

13. Occupation Carpenter
Nature of industry Copper mill & mine

19. Occupation Housewife
Nature of industry _____

20. Number of children of this mother 4 } (a) Born alive and now living 4
(Taken as of time of birth of child herein certified and including this child.) } (b) Born alive but now dead 0
} (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 10:30 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
M.D.
(Physician or midwife).

Given name added from a supplemental report. _____
Month, day, year _____
782-125-369
Registrar. _____
Address Miami Arizona
Filed Feb 5 1929 J. C. O. Jones
Registrar.

order of birth stated.