

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 135a

Registered No. _____

1. PLACE OF BIRTH

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

2. Full name of child Terry Harney (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child M 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 9-5-1929
Month Day Year

8. FATHER
 Full name Glenn Harney
 9. Residence (Usual place of abode) Rice
 If non-resident, give place and state.

14. MOTHER
 Full maiden name Lydia Antonio
 15. Residence (Usual place of abode) Rice
 If non-resident, give place and state.

10. Color or race 4/4 apache
 11. Age at last birthday 24 (Years)

16. Color or race 4/4 apache
 17. Age at last birthday 19 (Years)

12. Birthplace (city or place) San Carlos
 (State or country) Arizona

18. Birthplace (city or place) Rice
 (State or country) Arizona

13. Occupation Cowboy
 Nature of industry _____

19. Occupation Housewife
 Nature of industry _____

20. Number of children of this mother 2
(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 1
 (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 alive (Born alive or stillborn.) at 2:40 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 J. R. Conner
(Physician or midwife.)

Given name added from a supplemental report _____ Address Rice, Ariz

Month, day, year _____ Filled 10-14-29 Registrar _____

788-905-316

When one child at a birth, a SEPARATE RETURN must be made for each, in the same order of birth stated.