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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 470

Registered No.

1. PLACE OF BIRTH

County Gila State Arizona

District or Township or Village

City Miami No. Broad St. Claypool Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Victor Lavern 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 Oct. 2 - 1929 (Month Day Year)

8. FATHER

Full name James Victor Harrel

9. Residence (Usual place of abode) Claypool

If non-resident, give place and state. Arizona

10. Color or race Cauc. | 11. Age at last birthday 27 (Years)

12. Birthplace (city or place)

(State or country) Oklahoma

13. Occupation Boilermaker

Nature of industry Mining

14. MOTHER

Full maiden name Rosabelle Hunt

15. Residence (Usual place of abode) Claypool

If non-resident, give place and state Arizona

16. Color or race Cauc. | 17. Age at last birthday 24 (Years)

18. Birthplace (city or place) Bonham

(State or country) Texas

19. Occupation

Nature of industry Housewife

20. Number of children of this mother 3

(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 2

(b) Born alive but now dead 1

(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 born alive at 1 30 P.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 Cyril M. Crow M.D.

Physician

(Physician or ~~midwife~~)

Given name added from a supplemental report

Month, day, year

Address Miami, Arizona

Filed Oct 12, 1929 C. E. [illegible]

Registrar

Registrar

583-1002-983