NAME ADDED BY SUPPLEMENT

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 193

Registered No. 184

1. PLACE OF BIRTH

County Gila State Arizona

District or Township ..... or Village .....

City Globe No. 605 E. Mesquite St., ... Ward

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

2. Full name of child Carrie Allen { 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 ..... 5. No., in order of birth ..... | 6. Legitimate? Yes | 7. Date of birth 7 - 23 - 1927 (Month Day Year)

8. FATHER

Full name Melvin Allen

9. Residence (Usual place of abode) Globe, Ariz

If non-resident, give place and state.

10. Color or race White

11. Age at last birthday 20 (Years)

12. Birthplace (city or place) Verden

(State or country) New Mexico

13. Occupation Nature of industry Laborer

14. MOTHER

Full maiden name Lola Taylor

15 Residence (Usual place of abode) Globe

If non-resident, give place and state. Ariz

16 Color or race White

17. Age at last birthday 18 (Years)

18. Birthplace (city or place) Pima

(State or country) Ariz

19. Occupation Nature of industry Housewife

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 2

(b) Born alive but now dead .....

(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 5:30 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 G.B. Madsen

Physician (Physician or midwife).

Given name added from a supplemental report ..... Month, day, year

Address Globe, Ariz

315 - 723 - 339 Registrar

Filed 8-31, 1927 W W Hoyt Registrar

WITH UNFADING INK THIS IS A PERMANENT RECORD

t a birth, a SEPARATE RETURN must be made for each, and the number of each in

Order of birth ..... ted.