

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

BIRTH NO. 102- 172

CERTIFICATE OF BIRTH

REGISTRAR'S NO. 56

PLACE OF BIRTH OF CHILD AND USUAL RESIDENCE OF MOTHER	1. PLACE OF BIRTH A. COUNTY GILA		2. USUAL RESIDENCE OF MOTHER (WHERE DOES MOTHER LIVE?) A. STATE ARIZONA		B. COUNTY COCHISE	
	B. CITY OR TOWN CORPORATE LIMITS WRITE RURAL; GLOBE		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN DOUGLAS		D. STREET ADDRESS (IF RURAL, GIVE LOCATION)	
	C. FULL HOME ADDRESS (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)					
THIS CHILD	3. CHILD'S NAME A. (FIRST) KATHERINE		B. (MIDDLE) ESTELLE		C. (LAST) CARTER	
	4. SEX HIS BIRTH Female <input type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>		5B. IF TWIN OR TRIPLET (THIS CHILD) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>		6A. DATE OF BIRTH (MONTH) (DAY) (YEAR) March 17, 1930	
FATHER OF CHILD	FATHER OF CHILD					
	7. FULL NAME A. (FIRST) My			B. (MIDDLE) Severe		C. (LAST) Carter
	10. USUAL RESIDENCE (WHERE DOES FATHER LIVE) Doona		11. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Sullivan, Missouri		12A. USUAL OCCUPATION	12B. KIND OF BUSINESS OR INDUSTRY
MOTHER OF CHILD	MOTHER OF CHILD					
	13. FULL NAME A. (FIRST) Lena			B. (MIDDLE) Mae		C. (LAST) Wells
	14. COLOR OR RACE White	15. AGE (AT TIME OF THIS BIRTH) 17				
PARENT'S CERTIFICATION	16. BIRTH OR FOREIGN BORN	17A. USUAL OCCUPATION Doona	17B. KIND OF BUSINESS OR INDUSTRY	18A. CHILDREN BORN TO THIS MOTHER (INCLUDING THIS CHILD) B. HOW MANY OTHER CHILDREN ARE NOW LIVING?		18B. HOW MANY OTHER CHILDREN WERE BORN ALIVE BUT ARE NOW DEAD?
	19. PARENT'S SIGNATURE	20A. ATTENDANT'S SIGNATURE <i>T. C. Harper</i>				
ATTENDANT'S CERTIFICATION	I HEREBY CERTIFY THAT THE ABOVE IS THE TRUE AND CORRECT COPY OF THE ORIGINAL AS FILED IN THE OFFICE OF THE REGISTRAR.	20C. ADDRESS Globe, Arizona			20B. ATTENDANT AT BIRTH M. D. <input checked="" type="checkbox"/> MIDWIFE <input type="checkbox"/> OTHER (SPECIFY)	
	20D. DATE SIGNED	22. DATE ON WHICH GIVEN NAME ADDED BY REGISTRAR				
REGISTRAR'S CERTIFICATION	21A. DATE Apr	21B. REGISTRAR'S SIGNATURE <i>E. Wightman, M.D.</i>				22. DATE ON WHICH GIVEN NAME ADDED BY REGISTRAR
	LEAVE BLANK (Noted After Filing)					
FOR MEDICAL AND HEALTH USE ONLY (This Section is Not To Be Re- produced on Certified Copies)	23A. LBS. WEIGHT AT BIRTH PI LBS. OZS.		24A. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		24B. STATE ANY OPERATION FOR DELIVERY	
	24C. DEONGENITAL MALFORMATIONS	24D. DESCRIBE ANY BIRTH INJURY 239-317-362	24E. WAS PROPHYLACTIC DRUG USED IN BABY'S EYES? YES <input type="checkbox"/> NO <input type="checkbox"/>		24F. DID MOTHER HAVE A SEROLOGICAL TEST FOR SYPHILIS? YES <input type="checkbox"/> DATE _____ NO <input type="checkbox"/>	
	MOTHER'S NAME AND MAILING ADDRESS					