

order of birth stated.

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

State File No. 147
Registered No. 112

1. PLACE OF BIRTH

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

2. Full name of child Charles Robert Karakey { 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 June 5, 1930
Month Day Year

8. FATHER
Full name Charles Dip Karakey
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 38 (Years)
12. Birthplace (city or place) Valentine Texas
(State or country)
13. Occupation
Nature of industry Salesman

14. MOTHER
Full maiden name Josephine Louise Madelli
15. Residence (Usual place of abode) Globe Ariz.
If non-resident, give place and state.
16. Color or race White
17. Age at last birthday 23 (Years)
18. Birthplace (city or place) Mitchell Ariz.
(State or country)
19. Occupation
Nature of industry Housewife

20. Number of children of this mother 1 (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 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 7:20 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 C. Williams
Physician
(Physician or midwife)

Given name added from a supplemental report _____ Address Box 636 Globe, Ariz.

Month, day, year 7/9 1930
Registrar H. E. Wightman Registrar H. E. Wightman

328-605-159