

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

 State File No. 160
678

Registered No. _____

1. PLACE OF BIRTH

 County Gila State ARIZONA
 District or Township Burch or Village _____
 City MIAMI, ARIZONA No. Burch - Miami Highway St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
If child is not yet named, make supplemental report, as directed.
2. Full name of child Jean Everice Carter

Sex of Child	To be answered ONLY in event of plural births.	4. Twin, triplet or other	6. Legitimate?	7. Date of birth
<u>male</u>			<u>yes</u>	<u>Dec 15 1930</u> Month Day Year
		5. No., in order of birth		

3. FATHER
 Full name Jesse Estes Carter

 9. Residence MIAMI, ARIZONA
 (Usual place of abode)

If non-resident, give place and state.

 10. Color or race white

 11. Age at last birthday 27 (Years)

 12. Birthplace (city or place) Texas
 (State or country)

 13. Occupation Piler, Power House
 Nature of Industry Copper mine
14. MOTHER
 Full maiden name Minnie Kimbro

 15. Residence MIAMI, ARIZONA
 (Usual place of abode)

If non-resident, give place and state.

 16. Color or race white

 17. Age at last birthday 28 (Years)

 18. Birthplace (city or place) Texas
 (State or country)

 19. Occupation Housewife
 Nature of Industry

 20. Number of children of this mother 4
(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living	<u>4</u>
(b) Born alive but now dead	<u>0</u>
(c) Stillborn	<u>0</u>

 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 8:35 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.

Given name added from supplemental report

Signature _____

F. F. MILLER, M. D.
 (Physician or midwife.)

 Month, day, year 12 15 1930

Address _____

MIAMI, ARIZONA

Filed _____

Dec 25 30
C. C. Jones

Registrar.

Clay prod. Ans. Box 249