ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 119

Registered No. 75

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 Billy Gene Kartchner { 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 April 13, 1931 (Month Day Year)

8. FATHER

Full name Lorenzo Snow Kartchner

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 28 (Years)

12. Birthplace (city or place) Chandler, Arizona (State or country)

13. Occupation Nature of industry Laborer

14. MOTHER

Full maiden name Pearl Shamblin

15. Residence (Usual place of abode) Globe, Arizona

If non-resident, give place and state.

16. Color or race White | 17. Age at last birthday 19 (Years)

18. Birthplace (city or place) Depew, Oklahoma (State or country)

19. Occupation Nature of industry Housewife

20. Number of children of this mother Two (Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living Two
(b) Born alive but now dead none
(c) Stillborn none

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 (Born alive or stillborn.) at 6 A. 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 T. C. Harper

Physician (Physician or midwife).

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

Address Globe, Arizona

Filed 5/7, 1931 T. E. Wightman Jr. Registrar

..... Registrar

229-413-725

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.