

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 111a

Registered No. 66

1. PLACE OF BIRTH

County Gila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Hayden No. \_\_\_\_\_ 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 Maria Carroll

3. Sex of Child Female To be answered ONLY } 4. Twin, triplet or other \_\_\_\_\_ 5. Legitimate? Yes 6. Date of birth Aug 5 1931  
In event of plural } 7. Date of birth \_\_\_\_\_  
birth } 8. No. In order of birth \_\_\_\_\_ } Month Day Year

8. FATHER  
Full name Walter Carroll

14. MOTHER  
Full maiden name Judy Ramirez

9. Residence (Usual place of abode) Hayden  
If non-resident, give place and state.

15. Residence (Usual place of abode) Hayden  
If non-resident, give place and state.

10. Color or race White

11. Age at last birthday 42 (Years) Mex

17. Age at last birthday 35 (Years)

12. Birthplace (city or place) Moroy  
(State or country) Ariz

18. Birthplace (city or place) El Estero  
(State or country) Mex

13. Occupation engineer  
Nature of Industry unemployed

19. Occupation Housewife  
Nature of Industry wife

20. Number of children of this mother: (a) Born alive and now living 6  
(Taken as of time of birth of child herein } (b) Born alive but now dead 3  
certified and including this child.) } (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 \_\_\_\_\_ at \_\_\_\_\_ 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 Charles R. Huelskamp  
(Physician or midwife)

Given name added from a supplemental report. Address Hayden Ariz  
Month, day, year 433-805-898 Filed 9/12, 1931  
Registrar. Registrar.

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.