ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 77

Registered No. 395

1. PLACE OF BIRTH

County Gila State Arizona

District or Township ..... or Village P.O. Box 98 - Claypool - Ariz.

City Miami No. 33 Oak Street St. ..... Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Margaret May Carpenter (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Female | 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 Dec. 5 - 1931. Month Day Year

8. FATHER

Full name Clarence L. Carpenter

9. Residence (Usual place of abode) Miami

If non-resident, give place and state. Arizona

10. Color or race Cauc. | 11. Age at last birthday 25 (Years)

12. Birthplace (city or place) Kansas City

(State or country) Kansas

13. Occupation

Nature of Industry Highway Dept.

14. MOTHER

Full maiden name Ollie May Ransberger

15. Residence (Usual place of abode) Miami

If non-resident, give place and state. Arizona

16. Color or race Cauc | 17. Age at last birthday 25 (Years)

18. Birthplace (city or place) El Paso

(State or country) Texas

19. Occupation

Nature of Industry Housewife

20. Number of children of this mother ..... (Taken as of time of birth of child herein certified and including this child.) 2

(a) Born alive and now living 2

(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 born alive (Born alive or stillborn) at 9 35 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 Cyril M. Crow M.D.

(Physician or midwife).

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

Address Miami, Arizona

439-1205-699

Registrar

Filed Dec 28 1931 Charles E. Irvin

Registrar