ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 97

Registered No. 7

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: Gerald Ray Carpenter (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: Jan. 9 1932 (Month Day Year)

FATHER

8. Full name: Raymond Knight Carpenter

9. Residence (Usual place of abode): Globe, Arizona

If non-resident, give place and state.

10. Color or race: White

11. Age at last birthday: 30 (Years)

12. Birthplace (city or place): Thatcher

(State or country): Arizona

13. Occupation: pipe fitter

Nature of industry:

MOTHER

14. Full maiden name: Helen Orilla Merrill

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: 26 (Years)

18. Birthplace (city or place): Don Louis

(State or country): Arizona

19. Occupation: Housewife

Nature of industry:

20. Number of children of this mother: four

(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living: four

(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 10:30 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).

Address: Globe, Arizona.

Given name added from a supplemental report

Month, day, year

739-109-843

Registrar

Filed 2/6 1932 H. E. Wightman M.D.

Registrar

order of birth stated.