

4900

N. B. - In case of more than one child at a birth, a SEPARATE number of each, in order of birth, stated. This certificate may be filed with each local Registrar within 5 days after birth.

PLACE OF BIRTH
County of Globe
District of Globe
Town of _____
or _____
City of Globe

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS. State Index No. 90 45
ORIGINAL CERTIFICATE OF BIRTH. Co. Register No. 194
Local Registrar's No. _____

FULL NAME OF CHILD Julius Carnes } Born } YES
Alive } NO
If child is not named, make Supplemental Report on blank obtainable from local registrar.

Sex of Child M } Twin, Triplet or Other } and } Number in order of birth 1 } Legitimate? yes } Date of Birth Oct 1 1912
(Month) (Day) (yr.)

FATHER
Full Name J. C. Carnes
Residence Hill St.
Color or Race W Age at last Birthday 35 (Years)
Birthplace Kan
Occupation Churn Driller

MOTHER
Full Maiden Name Claudia C. Smith
Residence Hill St.
Color or Race White Age at last Birthday 30 (Years)
Birthplace Mo
Occupation Housewife

Number of child of this mother... 2 Number of children, of this mother, now living... 2 Were precautions taken against Ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on, Oct 1 1912, at 2:45 P.M.,

*When there is no attending physician or midwife, then the householder should make this return.

(Signature) R. D. Kennedy
(Attending physician, midwife, householder)

Given or christian name added from a

Address Globe

supplemental report _____ 191__

Filed Oct 5 1912 B. G. J. J. J.
LOCAL REGISTRAR.

132-1001-328
COUNTY REGISTRAR.

Filed Nov 5 1912 A True Copy B. G. J. J. J.
COUNTY REGISTRAR.