4023

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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS.

ORIGINAL CERTIFICATE OF BIRTH.

State Index No. ~~663~~

Co. Register No. 44

Local Registrar's No.

PLACE OF BIRTH

County of Gila

District of Globe

Town of Miami

or

City of

(No. ____ St; ____ Ward)

FULL NAME OF CHILD Edith Ethel Carson

Born / Alive — YES ~~NO~~

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Sex of Child	Twin, Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (yr.)
Female				Yes	3 15 1913

FATHER		MOTHER	
Full Name	Jno. F. Carson	Full Maiden Name	Mary Belasco
Residence	Miami Ariz	Residence	Miami Ariz
Color or Race	White	Color or Race	White
Age at last Birthday (Years)	41	Age at last Birthday (Years)	27
Birthplace	Indianapolis Ind	Birthplace	McDowell, Ariz
Occupation	Engineer	Occupation	House Wife

Number of child of this mother ____ | Number of children, of this mother, now living ____ | Were precautions taken against Ophthalmia neonatorum? ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on 3/15 1913, at 3 A.M.

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

(Signature) J. C. Snyder

(Attending physician, midwife, householder.*)

Address Miami Ariz

* Given or christian name added from a supplemental report ____ 191__

Filed Mar 17 1913

B. G. Fox

LOCAL REGISTRAR.

A True Copy

535-315-426

COUNTY REGISTRAR.

Filed Apr 5 1913

B. G. Fox M.D.

COUNTY REGISTRAR.