2340

PLACE OF BIRTH

County of Gila

District of Globe

Town of ..... or City of Globe

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 136

Co. Register No. 153

Local Registrar's No. .....

(No. ..... St; ..... Ward)

FULL NAME OF CHILD Joe Arnault Carlson

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

Born / Alive: YES / ~~NO~~

Sex of Child: Male | Twin, Triplet or other: ✓ | and | Number in order of birth: ✓ | Legitimate? Yes | Date of Birth: May (Month) 21 (Day) 1914 (Yr.)

FATHER		MOTHER	
Full Name	Carl Carlson	Full Maiden Name	Olava Nywagard
Residence	199 Toveyo homestead	Residence	Same
Color or Race	White	Color or Race	White
Age at last Birthday	31 (Years)	Age at last Birthday	31 (Years)
Birthplace	Sweden	Birthplace	Norway
Occupation	Miner	Occupation	Housewife

Number of child of this mother ... 1 ... | Number of children, of this mother, now living ... 1 ... | 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 May 21 1914, at 2 30 P M.

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

(Signature) C. J. Sturgeon

(Attending physician, ~~midwife, householder~~.*)

Given or christian name added from a supplemental report ..... 191....

Address .....

Filed May 25 1914 — B. G. Fox — LOCAL REGISTRAR.

135-521-654 — COUNTY REGISTRAR.

Filed May 25 1914 — A True Copy — B. G. Fox M.D. — COUNTY REGISTRAR.

Midwife with each local Registrar within 5 days after birth.