1942

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or Midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH

County of Gila

District of Arizona

Town of Hayden

or

City of

ARIZONA STATE BOARD OF HEALTH

498

BUREAU OF VITAL STATISTICS 129 State Index No.

ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 53

Local Registrar's No. 11

(No. St; Ward)

FULL NAME OF CHILD Helen Elizabeth Carty

Born YES

Alive ~~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	single		1	1	Feb. 18 1915

FATHER		MOTHER	
Full Name	J. B. Carty	Full Maiden Name	Lena Brown
Residence	Hayden Arizona	Residence	Hayden
Color or Race	White	Color or Race	White
Age at last Birthday	25 (Years)	Age at last Birthday	23 (Years)
Birthplace	Washington	Birthplace	Penn
Occupation	Clerk	Occupation	House wife

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 Feb 18 1915, at 2:15 P.M.

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

(Signature) H. P. Norman

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

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

Address Hayden Arizona

Filed March 1915

H. P. Norman

LOCAL REGISTRAR.

Filed Apr 6 1915

~~A~~ True Copy

COUNTY REGISTRAR.

COUNTY REGISTRAR.