

18 10

THIS CERTIFICATE MUST BE RETURNED TO THE ATTENDING PHYSICIAN OR MIDWIFE WITH EACH LOCAL REGISTRAR WITHIN 5 DAYS AFTER BIRTH.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

County of Gila - BUREAU OF VITAL STATISTICS State Index No. 108
District of Globe Roosevelt ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 177
Town of Roosevelt Local Registrar's No. _____
or _____
City of _____ (No. _____ St; _____ Ward)

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

Sex of Child Male Twin, Triplet or other _____ } and } Number in order of birth 1 Legitimate? yes Date of Birth July 6, 1915
(Month) (Day) (Yr.)

FATHER
Full Name T. Hugh Carr
Residence Roosevelt, Ariz.
Color or Race White Age at last Birthday 28 (Years)
Birthplace Cameron Okla.
Occupation Switchboard operator

MOTHER
Full Maiden Name Elizabeth Morrow
Residence Roosevelt, Ariz.
Color or Race White Age at last Birthday 27 (Years)
Birthplace Tempe, Ariz.
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 July 6, 1915, at 3.45 P.M.

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

(Signature) [Signature]
Attending physician, midwife, householder.*
Address _____

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

Filed July 10 1915 B. G. Fox LOCAL REGISTRAR.
A True Copy
Filed Aug 5 1915 B. G. Fox COUNTY REGISTRAR.

COUNTY REGISTRAR.