

701

PHYSICIAN OR

PLACE OF BIRTH

County of Gila
District of _____
Town of Miami
or
City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 124

ORIGINAL CERTIFICATE OF BIRTH

Co. Register No. 292

Local Registrar's No. _____

FULL NAME OF CHILD Georgia Carey } Born } YES

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

Sex of Child Female } Twin, Triplet or other } and } Number in order of birth } Legitimate? } Date of Birth Oct 28 1915
(Month) (Day) (Yr.)

FATHER
Full Name William Joseph Carey
Residence Miami
Color or Race White Age at last Birthday 33 (Years)
Birthplace California
Occupation Carpenter

MOTHER
Full Maiden Name Dolly Kiel
Residence Miami
Color or Race White Age at last Birthday 23 (Years)
Birthplace Montana
Occupation Homemaker

Number of child of this mother... 3 Number of children, of this mother, now living... 3 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 28 1915, at 6:30 P. M.

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

(Signature) Charles E. Tim M.D.
(Attending physician, midwife, householder.*)

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

Address Miami Arizona

Filed Oct 31 1915 John H. Lacey
LOCAL REGISTRAR

738-1028-443
COUNTY REGISTRAR.

Filed Nov 5 1915 B. J. Fox
A True Copy
COUNTY REGISTRAR.