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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS 130

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 631

Co. Register No. 190

Local Registrar's No.

PLACE OF BIRTH

County of Gila

District of Globe

Town of or City of Globe

(No. St; Ward)

FULL NAME OF CHILD Mildred Agnes Carson

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

Born / Alive: YES / ~~NO~~

Sex of Child: Female | ~~Twin, Triplet~~ or other | and | Number in order of birth: 1 | Legitimate? Yes | Date of Birth: Apr 13 1917 (Month) (Day) (Yr.)

FATHER		MOTHER	
Full Name	Albert E. Carson	Full Maiden Name	Amanda Henderson
Residence	Globe, Ariz.	Residence	Globe, Ariz.
Color or Race	White	Color or Race	White
Age at last Birthday	42 (Years)	Age at last Birthday	30 (Years)
Birthplace	Okla.	Birthplace	Okla
Occupation	Mechanic	Occupation	Housewife

Number of child of this mother: 5 | Number of Children, of this mother, now living: 5 | Were precautions taken against Ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on Apr 13 1917, at 8 P M.

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

(Signature) J. L. Wales
(Attending physician, ~~midwife, householder~~.*)

Address Globe Ariz.

Given or Christian name added from a supplemental report 191

Filed May 8 1917. B. G. Fox LOCAL REGISTRAR.

A True Copy

435-413-185 COUNTY REGISTRAR.

Filed May 9 1917. B. G. Fox COUNTY REGISTRAR.

Or midwife with each local Registrar within 5 days after birth.