

931

PLACE OF BIRTH

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

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS 172 State Index No. 656

ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 576

Local Registrar's No. _____

(No. _____ St; _____ Ward)

Full Name of Child David Erwin Carpenter } Born } YES
If child is not named, make Supplemental Report on blank obtainable from local registrar. } Allve } ~~NO~~

Sex of Child <u>Male</u>	Twin, Triplet or other	and	Number in order of birth	Legitimate? <u>Yes</u>	Date of Birth <u>Dec. 13</u> 1917 (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>Albert Lewis Carpenter</u>			Full Maiden Name <u>Evadine Fred Vaughn</u>		
Residence <u>Globe, Arizona</u>			Residence <u>Globe, Arizona</u>		
Color or Race <u>White</u>	Age at last Birthday <u>43</u> (Years)		Color or Race <u>White</u>	Age at last Birthday <u>39</u> (Years)	
Birthplace <u>Terrill, Texas</u>			Birthplace <u>Coultersville Pennsylvania</u>		
Occupation <u>Blacksmith</u>			Occupation <u>Housewife</u>		
Number of child of this mother... <u>5</u>		Number of children, of this mother, now living... <u>5</u>		Were precautions taken against Ophthalmia neonatorum? <u>Yes</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on Dec. 13 1917, at 10 P.M.

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

(Signature) C. W. Adams
(Attending physician, midwife, householder. *)

Given or christian name added from a

Address Globe, Arizona

Supplemental report _____ 191_____

Filed Dec 16 1917 R. G. Fox
LOCAL REGISTRAR.

439-1213-555
COUNTY REGISTRAR.

Filed Jan 5 1918 R. G. Fox
A True Copy
COUNTY REGISTRAR.