4698

PLACE OF BIRTH

County of Gila

District of Arizona

Town of Miami

or

City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 144

Co. Register No. 65

Local Registrar's No. _____

(No. _____ St; _____ Ward)

FULL NAME OF CHILD Elizabeth Vadra Carter

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 3 | Legitimate? yes | Date of Birth Jan 26 1918 (Month) (Day) (Yr.)

FATHER		MOTHER	
Full Name	William E. Carter	Full Maiden Name	Marie L. Bohnfalk
Residence	Miami Ariz	Residence	Miami Ariz
Color or Race	White	Color or Race	White
Age at last Birthday (Years)	43	Age at last Birthday (Years)	33
Birthplace	Scotland	Birthplace	Aticosa Co. Texas
Occupation	Mine Supt	Occupation	Housewife

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 the above child; and that it occurred on Jan 26 1918, at 2 30 A.M.

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

(Signature) C. R. Cron MD

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

Address Miami - Arizona

Given or Christian name added from a supplemental report _____ 191__

Filed Mar 5 1918

John H Lacy Fax

LOCAL REGISTRAR.

539-126-428

COUNTY REGISTRAR.

Filed Mar 6 1918

A True Copy B. G. Fox

COUNTY REGISTRAR.