

24-1

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State Index No. 171
Co. Register No. 136
Local Registrar's No. _____

PLACE OF BIRTH
County of Gila
District of _____
Town of _____
or
City of Globe, Ariz. (No. 354 South Hill St.; _____ Ward)

ORIGINAL CERTIFICATE OF BIRTH

FULL NAME OF CHILD Shirley Carter { Born } YES
If child is not named, make Supplemental Report on blank obtainable from local registrar. { Alive }

Sex of Child <u>Female</u>	Twin, Triplet or other <input checked="" type="checkbox"/>	and	Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of Birth <u>March 25th, 1919</u> (Month) (Day) (Yr.)
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FATHER		MOTHER	
Full Name <u>Walker Randolph Carter</u>	Residence <u>Globe, Arizona.</u>	Full Maiden Name <u>Dorothy Beem</u>	Residence <u>Globe, Arizona.</u>
Color or Race <u>American</u>	Age at last Birthday <u>21</u> (Years)	Color or Race <u>American</u>	Age at last Birthday <u>18</u> (Years)
Birthplace <u>Silver City, New. Mex.</u>	Occupation <u>Mechanical Timekeeper</u>	Birthplace <u>Kansas.</u>	Occupation <u>Housewife</u>

Number of child of this mother... 1 ... Number of children, of this mother, now living... — ... 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 Mar. 25th 1919 at 8:00 Am.

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

(Signature) Clarence Ginter
(Attending physician, midwife, householder.)*

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

Address Globe

Filed Mar 28 1919 B. G. Jay LOCAL REGISTRAR.
Filed Apr 5 1919 B. G. Jay COUNTY REGISTRAR.

239-325-424
COUNTY REGISTRAR.

A True Copy