

783

Write with each local Registrar within 5 days after birth.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH
County of Esala State Index No. 98
District of _____ ORIGINAL CERTIFICATE OF BIRTH Co. Registrar's No. 457
Town of _____ Local Registrar's No. _____
or _____
City of Eslohe (No. _____ St. _____ Ward _____)

FULL NAME OF CHILD Paul Carter Barrington Born YES
If child is not named, make Supplemental Report on blank obtainable from local registrar. Alive NO

Sex of Child	Male	Twin, Triplet or other	Other	and	Number in order of birth	Legitimate?	Date of Birth	Month	Day	Year
						yes	AUG 6			1919

FATHER				MOTHER			
Full Name	<u>Paul C. Barrington</u>			Full Maiden Name	<u>Namatera Carter</u>		
Residence	<u>Globe, Arizona</u>			Residence	<u>Globe, Ariz.</u>		
Color or Race	<u>White</u>	Age at last Birthday	<u>24</u> Years	Color or Race	<u>White</u>	Age at last Birthday	<u>24</u> Years
Birthplace	<u>South Carolina</u>			Birthplace	<u>New Mexico</u>		
Occupation	<u>Miner</u>			Occupation	<u>Housewife</u>		

Number of child of this Mother 1 Number of Children, of this mother, now living 1 Were precautions taken against Ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* 3.45

I hereby certify that I attended the birth of the above child; and that it occurred on Aug 6, 1919, at 3.45 P.M.

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

Given or Christian name added from a supplemental report _____ 1919

Signature J. L. Hayes Address Globe, Ariz.
Attending physician, midwife, householder *

Filed SEP 24 1919 LOCAL REGISTRAR. B. S. ...
A True Copy Filed Oct 5 1919 COUNTY REGISTRAR. B. G. Jay

725-806-539 COUNTY REGISTRAR.