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**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH  
County of Hila State Index No. 173  
District of \_\_\_\_\_ ORIGINAL CERTIFICATE OF BIRTH Co. Registrar's No. 306  
Town of Miami Local Registrar's No. \_\_\_\_\_  
or \_\_\_\_\_  
City of \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

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

Sex of Child <u>Male</u>	Twin, Triplet or other _____	and	Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of Birth <u>May 27</u> 19 <u>20</u> Month Day Yr.
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FATHER		MOTHER	
Full Name <u>Charles Chester Carlton</u>	Residence <u>Miami, Arizona</u>	Full Maiden Name <u>Ester Olivia Lorentzen</u>	Residence <u>Miami, Arizona</u>
Color or Race <u>White</u>	Age at last Birthday <u>32</u> Years	Color or Race <u>White</u>	Age at last Birthday <u>32</u> Years
Birthplace <u>Illinois</u>	Occupation <u>Miner</u>	Birthplace <u>Denmark, Oregon</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\*

I hereby certify that I attended the birth of the above child; and that it occurred on May 27, 1920 at 12 <sup>20</sup> P.M.

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

Signature Aryl M. Crow M.D.  
Attending physician, midwife, householder.\*

Address Miami, Ariz.

Given or Christian name added from a supplemental report \_\_\_\_\_ 191\_\_

Filed 5/31/1920 LOCAL REGISTRAR. J. H. Slaught

735-527-535  
COUNTY REGISTRAR.

Filed 6-7-1920 A True Copy LOCAL REGISTRAR. B. S. Day  
COUNTY REGISTRAR.