

1144

PLACE OF BIRTH

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

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH
State Index No. 4275
Co. Register No. 364
Local Registrar's No. _____
(No. _____ St. _____ Ward)

FULL NAME OF CHILD Kelvin Randolph Carter { Born } Yes
If child is not named, make Supplemental Report on blank obtainable from local Registrar. { ~~Alive~~ } ~~NA~~

Sex of Child <u>M.</u>	Twin, Triplet or other	and	Number in order of birth	Legitimate? <u>yes</u>	Date of Birth <u>June 24</u> 192 <u>1</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>Walker Randolph Carter</u>			Full Maiden Name <u>Dorothy Beene</u>		
Residence <u>Globe, Arizona</u>			Residence <u>Globe, Ariz.</u>		
Color or Race <u>White</u>		Age at last Birthday <u>23</u> (Years)	Color or Race <u>White</u>		Age at last Birthday <u>20</u> (Years)
Birthplace <u>New Mexico</u>			Birthplace <u>Kansas</u>		
Occupation <u>Clerical</u>			Occupation <u>Housewife</u>		

Number of child of this mother 2 | Number of children, of this mother, now living 2 | 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 June 24 1921, at 3⁰⁰ A.M.
{ *When there is no attending physician or midwife, then the householder should make this return. }
(Signature) [Signature]
(Attending physician, midwife, householder)

Given or Christian name added from a supplemental report _____ 192____
239-624-424
COUNTY REGISTRAR.
Address _____
Filed June 25 1921 B. G. Fox
LOCAL REGISTRAR.
Filed July 5 1921 A True Copy B. G. Fox
COUNTY REGISTRAR.