

1666

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

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

State Index No. 175
County Registrar No. 389
Local Registrar No. _____

2. Full name of child Savannah Susan Carter
(If birth occurred in a hospital or institution, give its NAME instead of street and number) St. _____ Ward _____

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 5. No., in order of birth. _____ 6. Legitimate? yes 7. Date of birth May 27 1923
Month Day Year

8. FATHER Full name <u>Claude Edward Carter</u>		14. MOTHER Full maiden name <u>Lila Teague</u>	
9. Residence (Usual place of abode) <u>Globe Arizona</u> If nonresident, give place and state		15. Residence (Usual place of abode) <u>Globe Ariz.</u> If nonresident, give place and state	
10. Color or race <u>white</u>	11. Age at last birthday <u>46</u> (Years)	16. Color or race <u>white</u>	17. Age at last birthday <u>28</u> (Years)
12. Birthplace (city or place) <u>Peabody Kansas</u> (State or country)		18. Birthplace (city or place) <u>H. Apache Arizona</u> (State or country)	
13. Occupation <u>Laborer</u> Nature of industry		19. Occupation <u>Housewife</u> Nature of industry	

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 4
(b) Born alive but now dead 0
(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn.) at 11:00 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature C. W. Adams (Physician or midwife)
Address Globe, Arizona

Given name added from a supplemental report _____
Month, day, year. _____

Filed 6-11, 1923 _____
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Registrar. _____
Local Registrar. _____
County Registrar. _____

239-527-335