

1045

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

State File No. 202-a
Registered No. 641

1. PLACE OF BIRTH

County Gila State ARIZONA
District or Township _____ or Village _____
City MIAMI No. MIAMI-Inspiration Hospital St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child CAROLINE LOUISE STUNZ } If child is not yet named, make supplemental report, as directed.

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 JULY 31 1923
Month Day Year

8. FATHER
Full name CARL G. STUNZ

14. MOTHER
Full maiden name LENNIE JONES

9. Residence (Usual place of abode) INSPIRATION, ARIZ
If non-resident, give place and state.

15. Residence (Usual place of abode) INSPIRATION ARIZ
If non-resident, give place and state.

10. Color or race WHITE

11. Age at last birthday 28 (Years)

16. Color or race WHITE

17. Age at last birthday 25 (Years)

12. Birthplace (city or place) AVENUE CITY MO,
(State or country)

18. Birthplace (city or place) CARLSBAD N.M.,
(State or country)

13. Occupation
Nature of Industry MINING

19. Occupation
Nature of Industry HOUSEWIFE

20. Number of children of this mother 2 } (a) Born alive and now living 2
(Taken as of time of birth of child herein certified and including this child.) } (b) Born alive but now dead _____
 } (c) Stillborn _____ 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 born alive at 9 P.M. on the date above stated.
(Born alive or stillborn)

*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 John P. Mason M.D.
(Physician or midwife.)

Given name added from a supplemental report. _____
Month, day, year
329-731-312
Registrar.

Address _____
Filed Dec 17 1923 L. E. Jones
Registrar.