

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

PLACE OF BIRTH *Dila*

1. County of *Dila* State Index No. *111*
 District of _____ County Registrar No. *525*
 Town of *miami* Local Registrar No. _____
 or _____
 City of _____ 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 *Eugene James Carroll* If child is not yet named, make supplemental report, as directed.

3. Sex of Child *male* 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 *December 2, 1923*
 Month Day Year

8. FATHER Full name <i>Eugene James Carroll</i>	14. MOTHER Full maiden name <i>Kathleen Ida Ripen</i>
9. Residence (Usual place of abode) <i>miami, Arizona</i> If nonresident, give place and state	15. Residence (Usual place of abode) <i>miami, Arizona</i> If nonresident, give place and state
10. Color or race <i>American</i>	16. Color or race <i>American</i>
11. Age at last birthday <i>23</i> (Years)	17. Age at last birthday <i>24</i> (Years)
12. Birthplace (city or place) <i>Chicago, Ill.</i> (State or country) <i>Illinois</i>	18. Birthplace (city or place) <i>Denver</i> (State or country) <i>Colorado</i>
13. Occupation <i>machinist</i> Nature of industry <i>Copper mining & milling</i>	19. Occupation <i>Housewife</i> 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 _____ (b) Born alive but now dead _____ (c) Stillborn _____	21. Were precautions taken against ophthalmia neonatorum? <i>yes</i>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
 I hereby certify that I attended the birth of this child, who was *alive* at *3:10 P.M.* on the date above stated.
 (Born alive or stillborn.)
 Signature *J. J. Miller* (Physician or midwife)
 Address *miami, Arizona*
 *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.
 Given name added from a supplemental report _____ Month, day, year. _____
 Registrar. _____
 Filed *Dec 31* 19 *23* *C. E. Train* Local Registrar.
 Filed *1-5* 19 *24* *B. G. Gray* County Registrar.

533-1202-295