1248

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 179
County Registrar No. 265
Local Registrar No.

PLACE OF BIRTH
1. County of Gila
District of
Town of Inspiration
or
City of ..... No. ..... St. ..... Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Ralph Joseph Carman — 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 Feb. 27th. 1924 (Month Day Year)

FATHER
8. Full name Augustus B. Carman.
9. Residence (Usual place of abode) Inspiration
If nonresident, give place and state Arizona
10. Color or race White
11. Age at last birthday 29 (Years)
12. Birthplace (city or place) Mayfield
(State or country) Kentucky.
13. Occupation Machinist
Nature of industry Mine

MOTHER
14. Full maiden name Als Dorf. - Elva. Helena Als Dorf.
15. Residence (Usual place of abode) Inspiration
If nonresident, give place and state Arizona
16. Color or race White
17. Age at last birthday 22 (Years)
18. Birthplace (city or place) Lenox
(State or country) Kansas
19. Occupation Housewife
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 2
(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 12-45 A.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 J H Patterson M.D. (Physician or midwife)
Address Inspiration Arizona

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

Filed April 31, 1924 P. E. Irwin Local Registrar.

Filed 5-5, 1924 B. G. Lay County Registrar.

Registrar.

935-227-516

In order of birth stated.