

1212

ALL INFORMATION MUST BE MADE FOR EACH, AND THE NUMBER OF EACH, IN ORDER OF BIRTH STATED.

PLACE OF BIRTH
1. County of Graham

ARIZONA STATE BOARD OF HEALTH

District of Glebar
Town of Glebar
or
City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 194
County Registrar No. 297
Local Registrar No. 283

2. Full name of child Dahl Carter (If birth occurred in a hospital or institution, give its NAME instead of street and number) } 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 yes 6. Legitimate? yes 7. Date of birth 2 23 24 Month Day Year

8. FATHER
Full name Albert Carter

14. MOTHER
Full maiden name Edith Gallett

9. Residence (Usual place of abode) Glebar
If nonresident, give place and state _____

15. Residence (Usual place of abode) Glebar
If nonresident, give place and state _____

10. Color or race White

16. Color or race White

11. Age at last birthday 33 (Years)
12. Birthplace (city or place) Ariz.
(State or country)

17. Age at last birthday 30 (Years)
18. Birthplace (city or place) Ariz.
(State or country)

13. Occupation Farmers
Nature of industry _____

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 5 (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 alive at 2:30 p.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 J. H. Morris (Physician or midwife)
Address _____

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

Filed Mar 8 1924 Hattie W. Sabuck County Registrar
Filed Mar 8 1924 Scott Schenck County Registrar

439-223-523