ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

PLACE OF BIRTH

1. County of Gila

District of

Town of Globe

or

City of ..... No. ..... St. ..... Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

State Index No. 138

County Registrar No.

Local Registrar No. 147

2. Full name of child Carol Rose Taylor } If child is not yet named, make supplemental report, as directed.

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 2

6. Legitimate? yes

7. Date of birth June 7, 1925 (Month day year)

8. FATHER

Full name Lewis Mathew Taylor

9. Residence (Usual place of abode)

If nonresident, give place and state Globe, Ariz.

10. Color or race: White

11. Age at last birthday 28 (Years)

12. Birthplace (city or place) Junction City (State or country) Texas

13. Occupation

Nature of industry Miner

14. MOTHER

Full maiden name Mabel Rose

15. Residence (Usual place of abode)

If nonresident, give place and state Globe, Ariz.

16. Color or race: White

17. Age at last birthday 26 (Years)

18. Birthplace (city or place) Geronimo (State or country) Ariz.

19. Occupation

Nature of industry Housewife

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 three

(b) Born alive but now dead one

(c) Stillborn none

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 11:15 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 evidences of life after birth.

Signature T. G. Harper, M.D. (Physician ~~or midwife~~)

Address Globe, Ariz.

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

Filed 6/30, 1925 W. W. Horst Local Registrar.

..... Registrar.

Filed ....., 19.... ..... County Registrar.

339-607-495

—MARGIN RESERVED FOR BINDING

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.