

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

State File No. 197
 Registered No. 168

1. PLACE OF BIRTH
 County Gila State Ariz.
 District or Township _____ or Village _____
 City Globe No. _____ St. _____ Ward _____

2. Full name of child Thomas Wiggins 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 _____
 6. Legitimate? yes
 7. Date of birth 6-25-25
 Month Day Year

8. FATHER
 Full name Calvin Edmund Carter
 9. Residence (Usual place of abode) Globe Ariz.
 If non-resident, give place and state.
 10. Color or race white
 11. Age at last birthday 36 (Years)
 12. Birthplace (city or place) Kenton Oklahoma
 (State or country)
 13. Occupation
 Nature of industry Laborer

14. MOTHER
 Full maiden name Emma Charlotte Wiggins
 15. Residence (Usual place of abode) Globe Ariz.
 If non-resident, give place and state.
 16. Color or race white
 17. Age at last birthday 31 (Years)
 18. Birthplace (city or place) Waco Texas
 (State or country)
 19. Occupation
 Nature of industry Housewife

20. Number of children of this mother 7
(Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living 7
 (b) Born alive but now dead 0
 (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 4:30 P. m. on the date above stated
(Born alive or stillborn)

Signature C. W. Adams
Globe
 (Physician or midwife)
 Address Ariz.

Given name added from a supplemental report _____
 Month, day, year _____
 Address _____
 Filed 6/30, 1925 W. W. Frost
 Registrar Registrar

339-625-562

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.