

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

State File No. 186
 Registered No. 515

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township _____ or Village _____
 City Miami No. _____ St. _____ Ward _____

2. Full name of child Edith Vivian 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 Female 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. 27, 1926
 Month Day Year

FATHER
 8. Full name William Harold Carter
 9. Residence (Usual place of abode) Inspiration, Arizona.
 If non-resident, give place and state.
 10. Color or race Cauc.
 11. Age at last birthday 37 (Years)
 12. Birthplace (city or place) Cornwall, England
 (State or country)
 13. Occupation
 Nature of Industry Mining

MOTHER
 14. Full maiden name Mary Pearl Elsey
 15. Residence (Usual place of abode) Inspiration, Arizona.
 If non-resident, give place and state.
 16. Color or race Cauc.
 17. Age at last birthday 30 (Years)
 18. Birthplace (city or place) Jackson Co., Mo.
 (State or country)
 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 3
 (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 (Born alive or stillborn) at 12 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 Beryl M. Cronin, M.D.
 _____ (Physician or midwife)

Given name added from a supplemental report _____
 Address Miami, Arizona
 Month, day, year _____
 Filled Feb 10, 1926 _____
 Registrar _____

539-227-458

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.