

WRITE MAINLY 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.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 180

District of _____

Town of Miami

County Registrar No. _____

or _____

City of _____

No. Claypool, Ariz. Local Registrar No. 561

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

2. Full name of child Iris Lynn Carter { 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. 24, 1926 Month Day Year

8. FATHER Full name Jesse Estis Carter

14. MOTHER Full maiden name Minnie Kimbro

9. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.

15. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.

10. Color or race Cauc. 11. Age at last birthday 22 (Years)

16. Color or race Cauc. 17. Age at last birthday 23 (Years)

12. Birthplace (city or place) Stephenville, Texas
(State or country)

18. Birthplace (city or place) Pico, Texas
(State or country)

13. Occupation Nature of industry mill operator

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 1 (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 at 12:30 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 Loyril M. Brown, M.D. (Physician or midwife)

Address Miami, Arizona

Given name added from a supplemental report. Filed Apr 7, 1926 Local Registrar.

Registrar _____, 19____ County Registrar.

939 - 324 - 426