

ARIZONA STATE BOARD OF HEALTH

PLACE OF BIRTH

1. County of Sila

District of \_\_\_\_\_

Town of Miami

or \_\_\_\_\_

City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS

State Index No. 165

ORIGINAL CERTIFICATE OF BIRTH

County Registrar No. 747

Local Registrar No. \_\_\_\_\_

No. Miami Hosp. (If birth occurred in a hospital or institution, give its NAME instead of street and number) Ward \_\_\_\_\_

2. Full name of child Clarence Leander Carpenter (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 July 27, 1926 Month Day Year

5. FATHER Full name Clarence Leander Carpenter

11. MOTHER Full maiden name Ollie Ransberger

9. Residence (Usual place of abode) Miami, Arizona

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10. Color or race Cauc. 11. Age at last birthday 21 (Years)

16. Color or race Cauc. 17. Age at last birthday 19 (Years)

12. Birthplace (city or place) Kansas City, Kansas (State or country)

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

13. Occupation Nature of industry Hoistman

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 110 A 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 Byril M. Brown, M.D. (Physician or midwife)

Address Miami, Arizona

Given name added from a supplemental report. Filed Aug 3, 1926 Local Registrar.

Registrar

Filed \_\_\_\_\_, 19\_\_\_\_

County Registrar.

339-727-699

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.

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