

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

V

1. County of Gila
District of _____
Town of _____
or Globe
City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 158
County Registrar No. _____
Local Registrar No. 204

2. Full name of child Baby Carroll
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
St. _____ Ward _____
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 no 5. No., in order of birth. 1 6. Legitimate? yes 7. Date of birth Sept. 23 1926
Month day year

8. FATHER
Full name John Carroll
9. Residence (Usual place of abode) Globe, Arizona
If nonresident, give place and state _____
10. Color or race white
11. Age at last birthday 34 (Years)
12. Birthplace (city or place) Ireland
(State or country) _____
13. Occupation miner
Nature of industry _____

14. MOTHER
Full maiden name Hattie Benson
15. Residence (Usual place of abode) Globe, Arizona
If nonresident, give place and state _____
16. Color or race white
17. Age at last birthday 29 (Years)
18. Birthplace (city or place) Salt Lake City
(State or country) Utah
19. Occupation Housewife
Nature of industry _____

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 none
(b) Born alive but now dead none
(c) Stillborn one
21. Were precautions taken against ophthalmia neonatorum? _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Stillborn at 2:40 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 J. C. Hayes, M.D.
Address Globe, Arizona
(Physician or midwife)

Given name added from a supplemental report _____
Month, day, year. _____
Filed _____ 19____
Filed 9/30 1926 _____
Registrar. _____ Local Registrar. _____
County Registrar.

033-923-805